

DO NOT RETURN THIS FORM TO YOUR CHILDREN'S SCHOOL

Pupil Premium Registration/ Free School Meal Form

Please answer all questions on both pages.

Case number

For People also claiming help with rent and Council Tax payments.

You can find this on your Housing Benefit and Council Tax Support notification if you have claimed before.

	You	Your partner												
Last name	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>												
Other names	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>												
Title (Mr, Mrs, Ms and so on)	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>												
Address Do not tell us your partner's address if it is the same as yours.	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>												
	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>												
	Postcode	Postcode												
Date of birth	<input style="width: 150px; height: 30px;" type="text"/>	<input style="width: 150px; height: 30px;" type="text"/>												
National Insurance number	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Letters</td> <td style="text-align: center;">Numbers</td> <td style="text-align: center;">Letter</td> </tr> <tr> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> </tr> </table>	Letters	Numbers	Letter	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Letters</td> <td style="text-align: center;">Numbers</td> <td style="text-align: center;">Letter</td> </tr> <tr> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> </tr> </table>	Letters	Numbers	Letter	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
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National Asylum Seeker Service Reference Number (NASS)	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>												
Your daytime phone number	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>												

		You	Your partner	
Are you or your partner receiving?		<input style="width: 30px; height: 30px;" type="checkbox"/>	<input style="width: 30px; height: 30px;" type="checkbox"/>	
Income Support		<input style="width: 30px; height: 30px;" type="checkbox"/>	<input style="width: 30px; height: 30px;" type="checkbox"/>	
Income-based Jobseeker's Allowance		<input style="width: 30px; height: 30px;" type="checkbox"/>	<input style="width: 30px; height: 30px;" type="checkbox"/>	
Income-related Employment and Support Allowance		<input style="width: 30px; height: 30px;" type="checkbox"/>	<input style="width: 30px; height: 30px;" type="checkbox"/>	
State Pension Credit (Guarantee Credit)		<input style="width: 30px; height: 30px;" type="checkbox"/>	<input style="width: 30px; height: 30px;" type="checkbox"/>	
Child Tax Credit, with a total annual income of less than £16,190 and NOT RECEIVING WORKING TAX CREDIT		<input style="width: 30px; height: 30px;" type="checkbox"/>	<input style="width: 30px; height: 30px;" type="checkbox"/>	Annual taxable amount <input style="width: 150px; height: 30px;" type="text"/>
Support under Part VI of the Immigration and Asylum Act 1999. Please provide proof		<input style="width: 30px; height: 30px;" type="checkbox"/>	<input style="width: 30px; height: 30px;" type="checkbox"/>	
Universal Credit		<input style="width: 30px; height: 30px;" type="checkbox"/>	<input style="width: 30px; height: 30px;" type="checkbox"/>	

Please tick the items you want to apply for:

**Pupil Premium/
Free school meals** No Yes

Free school milk No Yes

Have you moved address? No Yes If yes, date you moved

Previous address

Please list all the children who live with you and who are at school.

(Continue on a separate sheet if necessary).

Last name	First name	Male or Female	Date of Birth	Which school do they go to
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text" value=" / /"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text" value=" / /"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text" value=" / /"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text" value=" / /"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text" value=" / /"/>	<input type="text"/>

If you or a member of your family circumstances change, please let the council know straightaway.

Please give details if any of the above children will be changing school in the near future

Child's name	New school	Date they will start their new school
<input type="text"/>	<input type="text"/>	<input type="text" value=" / /"/>
<input type="text"/>	<input type="text"/>	<input type="text" value=" / /"/>
<input type="text"/>	<input type="text"/>	<input type="text" value=" / /"/>
<input type="text"/>	<input type="text"/>	<input type="text" value=" / /"/>
<input type="text"/>	<input type="text"/>	<input type="text" value=" / /"/>

Please read this declaration carefully before you sign and date it.

I understand the following.

- If I give information that is incorrect or incomplete, you may take action against me.
- You may use any information I have provided in connection with this and any other claim for social security benefits that I have made or may make. You may give some information to other government organisations, if the law allows this.
- I know I must let the council know straightaway about any change in my circumstances that might affect my claim. I understand that if I have knowingly provided false or incomplete information and fail to inform you of changes in my circumstances, I may have action taken against me.

I declare the information I have given on this form is correct and complete.

Your signature

Your partner's signature

How to contact us: Helpline telephone: **0151 606 2002** • Helpline fax: **0151 666 3139**

E-Mail: **freeschoolmeals@wirral.gov.uk**

You can write to us at: **Benefits Service, PO Box 2, Cleveland Street, Birkenhead, Wirral CH41 6BU.**

For more information visit our website: **www.wirral.gov.uk**