

**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												
<b>Last name</b>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>												
<b>Other names</b>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>												
<b>Title</b> (Mr, Mrs, Ms and so on)	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>												
<b>Address</b> 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												
<b>Date of birth</b>	<input style="width: 150px; height: 30px;" type="text"/>	<input style="width: 150px; height: 30px;" type="text"/>												
<b>National Insurance number</b>	<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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<b>National Asylum Seeker Service Reference Number (NASS)</b>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>												
<b>Your daytime phone number</b>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>												

		You	Your partner	
<b>Are you or your partner receiving?</b>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>Income Support</b>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>Income-based Jobseeker's Allowance</b>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>Income-related Employment and Support Allowance</b>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>State Pension Credit (Guarantee Credit)</b>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>Child Tax Credit, with a total annual income of less than £16,190 and <b>NOT RECEIVING WORKING TAX CREDIT</b></b>		<input type="checkbox"/>	<input type="checkbox"/>	Annual taxable amount <input style="width: 100px; height: 20px;" type="text"/>
<b>Support under Part VI of the Immigration and Asylum Act 1999. Please provide proof</b>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>Universal Credit</b>		<input type="checkbox"/>	<input 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**