

FREE SCHOOL MEALS AND PUPIL PREMIUM

We need information about you and your child, so that we can provide them with the best education and support by making sure that their school receives all the government funding to which it is entitled. Please complete this form and return to your child's school by [date].

ABOUT YOUR CHILD/CHILDREN

Child's Last Name	Child's First Name	Child's Date of Birth			Name of School
		DD	MM	YYYY	
		DD	MM	YYYY	
		DD	MM	YYYY	
		DD	MM	YYYY	

PARENT/GUARDIAN DETAILS

	Parent/Guardian 1						Parent/Guardian 2					
Last name												
First Name												
Date of Birth	DD	MM	YYYY	DD	MM	YYYY	DD	MM	YYYY	DD	MM	YYYY
National Insurance Number*												
National Asylum Support Service (NASS) Number*		/		/				/		/		
Daytime Telephone Number												
Mobile Number												
Address												
	Postcode:						Postcode:					

* Complete as appropriate

DECLARATION

The information I have given on this form is complete and accurate. I understand that my personal information is held securely and will be used only for local authority purposes. I agree to the local authority using this information to process my application for free school meals. I also agree to notify the local authority in writing of any change in my family's financial circumstances as set out in this form.