

## **Registration Form**

Free school meals and pupil premium (Reception to age 19) Early years pupil premium (Part time nursery children) Please complete all sections and return the form to either the Benefits Service, or your child's school.

### About your child/children

| Child's First Name          | Child's Last Name  | Child's Date of Birth |    | of Birth | Name of School/Setting |  |
|-----------------------------|--------------------|-----------------------|----|----------|------------------------|--|
|                             |                    | DD                    | MM | ΥΥΥΥ     |                        |  |
|                             |                    | DD                    | MM | ΥΥΥΥ     |                        |  |
|                             |                    | DD                    | MM | YYYY     |                        |  |
|                             |                    | DD                    | MM | ΥΥΥΥ     |                        |  |
|                             |                    | DD                    | MM | YYYY     |                        |  |
|                             |                    | DD                    | MM | ΥΥΥΥ     |                        |  |
| Are these children living w | vith you? Yes 🔲 No |                       |    |          |                        |  |

| Are these children living with you? Y | ′es 🗌 | No |  |
|---------------------------------------|-------|----|--|
|---------------------------------------|-------|----|--|

#### **Parent/Guardian details**

(This includes those who have parental rights for the child/children named on this form)

Do you have a partner who normally lives with you? Yes 🔲 No 🔲

|   | You        | Your Partner |
|---|------------|--------------|
| Title (Mr, Mrs, Ms etc)                       |            |              |
| Last name                                     |            |              |
| First Name                                    |            |              |
| Date of Birth                                 | DD MM YYYY | DD MM YYYY   |
| National Insurance Number                     |            |              |
| National Asylum Support Service (NASS) Number |            |              |
| Daytime Telephone Number                      |            |              |
| Mobile Number                                 |            |              |
| Address                                       |            |              |
|   |            |              |
|   |            |              |
|   | Postcode:  | Postcode:    |

## Family income and benefit details

Is your joint family income over £16,190 per year? (Please place an X in the appropriate box).

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|---|
|   |

If you have ticked yes, you do not need to complete the next section and can go straight to the declaration at the end of the form.

If you ticked no, please place an X in this box if you are in receipt of any of the benefits listed below:

- Income Support
- Income-based Jobseekers Allowance
- Income-related Employment and Support Allowance
- Support from NASS (National Asylum Support Service) under part 6 of the Immigration and Asylum Act 1999
- the guarantee element of State Pension Credit
- Child Tax Credit (with no Working Tax Credit) with an annual income of no more than £16,190
- Working Tax Credit run-on
- Universal Credit.

### Declaration

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

# This is my/our request for an eligibility check for early years pupil premium and my claim for free school meals.

I/We declare that the information I/we have given on this form is correct and complete to the best of my/our knowledge.

I/We authorise the council to make any necessary enquiries to verify the information on this claim. I/We authorise the council to cross check the information I/we have given with other parts of the council, other authorities, agencies and asylum support centres. In the event that I am/we are also claiming housing benefit or council tax benefit the information on my/our claim will be used to prevent overpayments and to inform and advise me/us about other government welfare benefits.

I/We understand that if I/we give information that is incorrect or incomplete or fail to report any changes which might affect my/our benefits Walsall Council will take appropriate action.

I agree that you can inform the school/setting attended by my child(ren) of their intial and ongoing entitlement.

### **Data Protection**

The information given on this form will be held on computer. It will be subject to the provisions of the Data Protection Act 1984 (as amended by the 1998 Data Protection Act). The information you have given is confidential. We may supply certain information to third parties for use in determining your claim and/or for the purposes of data matching for the prevention and detection of fraud.

| Signature of Parent / Guardia | ۱ | Date | •••••• |
|-------------------------------|---|------|--------|
|-------------------------------|---|------|--------|