

FREE SCHOOL MEALS AND PUPIL PREMIUM KEY STAGE 1

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 all sections of the form below and return this to the school or direct to; The Welfare Team, CYPS, Jesmond House, 31/33 Victoria Avenue, Harrogate, HG1 5QE Tel: 01423 533405
Fax: 01423 709048 Email: schoolwelfare@northyorks.gov.uk

Can you confirm your joint family income is under £16,190 per year? (Please place an X in the box).

Yes

Please only complete this form if you have answered “yes” above

1. PARENT/GUARDIAN DETAILS – these should be the details relating to the person who is claiming the benefits

	Parent/Guardian 1	Parent/Guardian 2
Title		
First name		
Last Name		
Date of Birth	DD MM YYYY	DD MM YYYY
National Insurance Number*		
National Asylum Support Service (NASS) Number*	/ /	/ /
Daytime Telephone Number		
Mobile Number		
Email Address		
Address		
	Postcode:	Postcode:
Previous address if you have moved in the last year		
	Postcode:	Postcode

*Complete as appropriate

2. CHILD/CHILDREN DETAILS

CHILD'S SURNAME	CHILD'S FIRST NAME	D.O.B	SEX	NAME OF SCHOOL ATTENDING

3. FAMILY INCOME AND BENEFIT DETAILS

Please indicate which benefit you are currently in receipt of.

- Income Support
- Income-Based Jobseekers' Allowance
- Income-Related Employment and Support Allowance
- Child Tax Credit, provided you are **not entitled to Working Tax Credit**, and have an annual household income (as assessed by HM Revenue & Customs) that does not exceed £16,190
- Support under part VI of the Immigration and Asylum Act 1999
- Guarantee element of State Pension Credit
- Universal Credit – during the initial roll out period
- A "Run-on" of Working Tax Credit - the payment someone may receive for a further four weeks after they stop qualifying for Working Tax Credit

Applicants in receipt of the above benefits or credits do not need to enclose proof. You will be contacted should further information be sought.

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 KS1 Pupil Premium funding. 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.

Signature of parent/guardian:

Date:.....