

Application for Pupil Premium & Free School Meals

We are asking parents and guardians whose children go to school in Buckinghamshire to complete this form. This is so we can confirm whether the school is entitled to claim the Pupil Premium that is generated by families who are entitled to Free School Meals.

The Pupil Premium is additional funding given to publicly funded schools in England to raise the attainment of disadvantaged pupils and close the gap between them and their peers.

In the 2020 to 2021 financial year, schools will receive the following funding for each child registered as eligible for free school meals at any point in the last 6 years:

- £1,320 for primary-aged pupils

Who is entitled to FSM?

A pupil whose parent/guardian receives one or more of the following benefits is entitled to a free school meal:

- Universal credit with an annual net earned income of less than £7,400
- Income Support (IS)
- Income Based Job Seekers Allowance (IBJSA)
- Employment and Support Allowance (Income Related) (ESA (IR))
- Child Tax Credit **but not Working Tax Credit** and having an annual household income of less than £16,190.
- Working tax credit run-on (paid for 4 weeks after you stop qualifying)
- Guarantee Credit element of State Pension Credit
- Support under Part 6 of the Immigration and Asylum Act 1999

Children who receive IS or IBJSA in their own right are also entitled to free school meals

THIS APPLICATION MUST BE COMPLETED BY THE PERSON IN RECEIPT OF THE BENEFITS

PLEASE WRITE CLEARLY IN BLOCK CAPITALS AND BLACK INK

Parent / Guardian Details

Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>	Family Name:
First Names:	
Home Address:	
Postcode:	Telephone No:
Date of Birth / /	Male <input type="checkbox"/> Female <input type="checkbox"/>

National Insurance Number:

Or NASS Reference Number:

(The NASS reference is taken from the Home Office letter e.g. 06/06/01234/001 and should be entered as 060601234)

Name of Claimant:

Relationship to the child/children Mother Father Carer

Name of pupils

	Surname	First Name
Pupil 1		
Pupil 2		
Pupil 3		

Declaration

The information I have given on this form is complete and accurate. 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.

Signature of Claimant:	
Please print name:	Date: / /

The information you provide in this form will be used by the council to confirm receipt of one of the listed welfare benefits. It will also be used in relation to pupils in year 3 or above to decide whether they are eligible for free school meals. You only need to complete this form once and it will last for the duration of your child's time at their current school.