

Universal Infant Free School Meals and Pupil Premium Registration

Parent / guardian details

Title:	Forename:	Surname:
Have you previously been known by another surname(s)? If yes, what is that name(s)?		
Address:		Postcode:
Parent / guardian's date of birth:		Contact phone no:
Email address:		
National Insurance or National Asylum Support Services Reference Number:		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Relationship to child(ren) named on this claim:		

Second parent / guardian details (if in receipt of benefits)

Title:	Forename:	Surname:
Have you previously been known by another surname(s)? If yes, what is that name(s)?		
Address:		Postcode:
Parent / guardian's date of birth:		Contact phone no:
Email address:		
National Insurance or National Asylum Support Services Reference Number:		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Relationship to child(ren) named on this claim:		

Children's details

Please list the details of any children in Reception, Year 1 or Year 2 only

Surname	Forename	Date of birth (dd/mm/yyyy)	Year group

Details about your household (please tick)

Is your household income below £16,190? Yes ☐ No ☐

Does anyone in your household receive any of the following:

- Working Tax Credit Yes ☐ No ☐
- Child Tax Credit Yes ☐ No ☐
- Income Support Yes ☐ No ☐
- Income-based Job Seeker's Allowance Yes ☐ No ☐
- Income-related employment and support allowance (ESA) Yes ☐ No ☐
- Support under part VI of the Immigrations and Asylum Act 1999 Yes ☐ No ☐
- Guaranteed element of State Pension Credit Yes ☐ No ☐

Parent / guardian declaration

I / we agree that the information given on this form is to the best of my / our knowledge and belief correct, and I / we give permission for Newcastle City Council to check the information given with the relevant benefit providers.

Signed (first adult): _____ Date: _____

Signed (second adult: _____ Date: _____
if applicable)

Please return this form to the school office