

## Application for pupil premium funding

We are asking parents and guardians whose children go to Singleton C.E. School and have a statutory entitlement to Free School Meals to complete this form. We will then be able to confirm whether the school is entitled to claim the Pupil Premium for your child.

Any qualifying family that registers their eligibility by simply completing this form will help raise Pupil Premium money for the school following a government commitment to pay schools currently £1300 per year for each child registered. This is money the school can benefit from and use to fund new equipment or maybe more teaching staff.

**Please complete all sections of this form using black ink and BLOCK CAPITALS if your joint family income is less than £16,190 OR you are in receipt of any of the benefits detailed in section 3 below.**

**Please return your application directly to the school which will then be processed in confidence by the local authority.**

**Name of School: Singleton C.E. Primary School**

### **1. CHILD/CHILDREN'S DETAILS (Please include any other children in the family receiving free school meals who are in different year groups, or at different schools)**

Child's surname	Child's first name	Date of birth	Gender M/F

### **2. PARENT/GUARDIAN DETAILS**

<b>Surname/family name</b>	
<b>First name</b>	
<b>Date of birth</b>	
<b>National Insurance number/NASS number</b>	
<b>Day time telephone number</b>	
<b>Parent/guardian's current address</b>	
<b>Please provide your old address if you have moved in the last year</b>	

### **3. FAMILY INCOME AND BENEFIT DETAILS**

**Please complete this section only if your joint family is £16,190 or under.**

**Please (x) if you are in receipt of working tax credit \_\_**

**Please (x) the type of benefit you receive:**

Child Tax Credit **with no Working Tax Credit** and where the household income is less than £16,190

Income support

Income based Job Seeker's Allowance

Income based Employment Support Allowance

Support under part VI of the Immigration and Asylum Act 1999

Guarantee element of state pension credit

### **4. DECLARATION**

The information I have given on this form is complete and accurate. I agree to notify the local authority in writing of any change in circumstance which could discontinue the entitlement of my child/children to receive a free government funded school meal.

I agree for the local authority to use the information I have provided to process my application for free school meals.

Signature of parent/guardian: ..... Date: .....