

**Free School Meal and Pupil Premium Checker Form**

This form is for parent/carers of children in Nursery, Reception, Year 1 and Year 2 classes to apply for Pupil Premium and for parent/carer’s of children in KS2, 3 and 4 to apply for Free School Meals.

Please PRINT the information below clearly, as incorrect information cannot be checked.

|  |  |
| --- | --- |
| Pupil First Name  |  |
| Pupil Surname Name |  |
| Pupil Date of Birth  | D | D | / | M | M | / | 2 | 0 | Y | Y |
| Parent / Carer’s Full Name  |  |
| Parent / Carer's Date of Birth  | D | D | / | M | M | / | Y | Y | Y | Y |
| Parent / Carer’s National Insurance Number(e.g. AA123456B) | L | L | N | N | N | N | N | N | L |
| Parent / Carer’s National Asylum Seeker Service Number (e.g. 1907/12345) | Y | Y | M | M | / | N | N | N | N | N |

* I give my permission for my child's school / academy to use the information I have provided to check my details against the Pupil Premium Eligibility Checker Service.
* I give my permission for the school / academy to re-check my information from the date I have signed this form until my child leaves education.
* I declare that I have parental responsibility for the child named on this form.

|  |  |
| --- | --- |
| Parent / Carer's Signature | Date |

Thank you for completing this form. Please return it the main school office.

Office Use Only

|  |  |
| --- | --- |
| Pupil’s UPN |  |
| Pupil’s Year Group | N1 | N2 | R | Y1 | Y2 |
| Outcome of Eligibility Check | Eligible | Not found |