Family Income and Benefit Details

Is your joint family income over £16,190 per year? (Please place an X in the appropriate box)

Yes ☐ No ☐

Pupil Premium and Free School Meals Registration Form

About You and Your Child/Children

Child's Last Name	Child's First Name	Date of Birth Day/Month/Year	Current School Attending	FSM on or after 01/04/18	Previous school name (if outside Sheffield only)	Previous school location (town/city)

If your child has had an Income Based Free School Meal (FSM) on or after 01/04/18 ***outside of Sheffield*** *please state "Yes" to the FSM award box and add the child's previous school name and location so we can confirm their eligibility, otherwise* ***please leave the school fields blank***

Parent / Guardian Details	PARENT/GUARDIAN 1	PARENT/GUARDIAN 2
Title: i.e. Mr, Mrs, Miss, Ms, Mx		
Last Name:		
First Name:		
Date of Birth: (DD/MM/YYYY)		
National Insurance No. or NASS No:		
Daytime Telephone Number:		
Mobile Number:		
Email Address: If you prefer to receive the decision via email then please provide this here		
Address:	**Postcode:**	**Postcode:**
Your relationship to the child:		

Declaration

- The information I have given on this form is complete and accurate.
- I understand that my personal information is held securely and agree to the Local Authority using this information to process my application for free school meals and pupil premium.
- I understand that if eligible, my child's eligibility will be shared with the current and future educational settings they attend, and if I make a claim for Free School Meals in a new area, that Sheffield may confirm my child's eligibility for Free School Meals.
- I agree to notify the Local authority in writing if the person claiming the appropriate benefit no longer has responsibility for the child.

Signature of parent/guardian: _____ Date: _____

Thank you for filling in this form. Please return it to your child's current school.