

Yes

an X in the box).

1.

FREE SCHOOL MEALS AND PUPIL PREMIUM KEY STAGE 1

We need information about you and your child, so that we can provide them with the best education and support by making sure that their school receives all the government funding to which it is entitled.

Please complete all sections of the form below and return this to the school or direct to; The Welfare Team, CYPS, Jesmond House, 31/33 Victoria Avenue, Harrogate, HG1 5QE Tel: 01609 533405 Email: schoolwelfare@northyorks.gov.uk

Can you confirm your annual household income is under £16,190 per year? (Please place

Please only complete this form if you have answered "yes" above PARENT/GUARDIAN DETAILS – these should be the details relating to the person who is claiming the benefits						
	Parent/Guardian 1	Parent/Guardian 2				
Title						
First name						
Last Name						
Date of Birth	DD MM YYYY	DD MM YYYY				
National Insurance Number*						
National Asylum Support Service (NASS) Number*	/ / /					
Daytime Telephone Number						
Mobile Number						
Email Address						
Address	Postcode:	Postcode:				
Previous address if you have	. 66.6666	1 00:00 00:				
moved in the last year						
	Postcode:	Postcode				
*Complete as appropriate						

2. CHILD/CHILDREN DETAILS

CHILD'S SURNAME	CHILD'S FIRST NAME	D.O.B	SEX	NAME OF SCHOOL ATTENDING

S. FAMILY INCOME AND BENEFIT DETAILS					
Please	e indicate which benefit you are currently in receipt of.				
	Universal Credit, (provided you have an annual net earned income of no more than £7,400, as assessed by earnings from up to three of your most recent assessment periods)				
	Income Support				
	Income-based Jobseeker's Allowance				
	Income-related Employment and Support Allowance				
	Support under Part 6 of the Immigration and Asylum Act 1999				
	The guarantee element of Pension Credit				
	Child Tax Credit, provided you are also <u>not entitled to Working Tax Credit</u> and have an annual household gross income that does not exceed £16,190 (as assessed by HMRC)				
	Working Tax Credit run-on – paid for 4 weeks after you stop qualifying for Working Tax Credit				
	cants in receipt of the above benefits or credits do not need to enclose proof. You will be cted should further information be sought.				
ECLAF	RATION				
s held son Informati	rmation I have given on this form is complete and accurate. I understand that my personal information ecurely and will be used only for local authority purposes. I agree to the local authority using this on to process my application for KS1 Pupil Premium funding. I also agree to notify the local authority of any change in my family's financial circumstances as set out in this form.				
Signatu	re of parent/guardian:				
loto:					