

By Post: Benefits Service, PO Box No 2, Cleveland Street, Birkenhead CH41 6BU. In Person: To any Library/One Stop Shop, details on our website www.wirral.gov.uk

## DO NOT RETURN THIS FORM TO YOUR CHILDREN'S SCHOOL

## Pupil Premium Registration/ Free School Meal Form

Please answer all questions on both pages.

Case number									
You can find this on your Housing B	Renefit and (	_		_	elp with rent and		c payments.		
You can find this on your Housing Benefit and Council Tax Support notification  You					Your partner				
Last name						our purtifier			
Other names									
Title (Mr, Mrs, Ms and so on)									
Address  Do not tell us your partner's address if it is the same as yours.									
		Postcode	· · ·		Postcode				
Date of birth	1 1				1	1			
National Insurance number	Letters N	umbers		Letter	Letters Numbers	s	Letter		
National Asylum Seeker Service Reference Number (NASS)									
Your daytime phone number									
				Your					
Are you or your partner receiving	<b> </b> ?		You	partne	r				
Income Support									
Income-based Jobseeker's Allow	ance		Ш						
Income-related Employment and	Support A	llowance							
State Pension Credit (Guarantee	Credit)		Ш						
Child Tax Credit, with a total annu £16,190 and <b>NOT RECEIVING W</b>					Annual taxable amount	£			
Support under Part VI of the Imm Act 1999. Please provide proof	igration an	d Asylum							
Universal Credit									
Please tick the items you want to	apply for:								
Pupil Premium/ Free school meals No	Yes								
Free school milk No	Yes	; <u> </u>							



						If yes, date you	1 1				
Have you moved address	s? No		Yes			moved L			]		
Previous address											
Please list all the children who live with you and who are at school.											
(Continue on a separate sheet if necessary).											
Last name First name		Male or Female		Date of Birth	Which school do they go to						
						1 1					
						1 1					
						1 1					
						1 1					
						1 1					
If you or a member of your family circumstances change, please let the council know straightaway.											
Please give details if any of the above children will be changing school in the near future											
								Date th start th	ney will		
Child's	name					New sc	nool	Start til Sch			
				1			,	,			
								,			
								1			
								1			
							1	1			
								1	1		
Please read this decla	aration c	aref	ully b	efore	yo	u sign and date	it.				
I understand the following											
If I give information that is incorrect or incomplete, you may take action against me.											
• You may use any information I have provided in connection with this and any other claim for social security benefits that I have made or may make. You may give some information to other government organisations, if the law allows this.											
I know I must let the cour understand that if I have circumstances. I may have	knowingly	provid	ded fals	se or in	-			-			
circumstances, I may have action taken against me.  I declare the information I have given on this form is correct and complete.											
	- rate git						1				
Your signature								1	1		
Your partner's signature								1	1		

How to contact us: Helpline telephone: 0151 606 2002 • Helpline fax: 0151 666 3139

E-Mail: freeschoolmeals@wirral.gov.uk

You can write to us at: Benefits Service, PO Box 2, Cleveland Street, Birkenhead, Wirral CH41 6BU.

For more information visit our website: www.wirral.gov.uk