**Application for Free School Meal Eligibility and Pupil Premium**

This form will allow the Local Authority to check and then subsequently advise your child’s school if they are eligible to receive a free school meal. This is so that the school can claim for the pupil premium funding.

**Important:** If you do not wish to claim a free school meal, we will still share the outcome of your check with your school to enable them to claim the pupil premium funding.

**This form needs to be completed in full and then returned to your child’s school**.

**Part 1**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Parent 1*** | | | | | | | | | | | | | | | | | |
| National Insurance Number | | |  | |  |  | |  | |  | |  |  | |  | |  |
| National Asylum Support Service Number | | |  | |  |  | |  | |  | |  |  | |  | |  |
| Surname (block capitals) |  | | | | | | | | | | | | | | | | |
| Forename (block capitals) |  | | | | | | | | | | | | | | | | |
| Date of Birth (DD/MM/YYYY) |  |  | |  | | |  | |  | |  | | |  | |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Parent 2 (if applicable)*** | | | | | | | | | | | | | | | | | |
| National Insurance Number | | |  | |  |  | |  | |  | |  |  | |  | |  |
| National Asylum Support Service Number | | |  | |  |  | |  | |  | |  |  | |  | |  |
| Surname (block capitals) |  | | | | | | | | | | | | | | | | |
| Forename (block capitals) |  | | | | | | | | | | | | | | | | |
| Date of Birth (DD/MM/YYYY) |  |  | |  | | |  | |  | |  | | |  | |  | |

If you are entitled, do you wish to claim a free school meal for your child(ren)? Yes / No

**By signing this form you are giving consent to Wigan Local Authority sharing the outcome of your check with your child’s school and any subsequent school your child moves to, in order to ensure the Government’s free school meal eligibility protection stays with your child. If at any stage you wish to withdraw your consent, please inform your child’s school.**

**Signature:**

**Date:**

**How we will use your data**

* The Local Authority will use the information above to carry out a check that will be used to determine whether your child is currently eligible for Free School Meals/Pupil Premium.
* The Local Authority will share the outcome of the check with your child’s school and any subsequent school your child move to, in order to ensure the Government’s free school meal eligibility protection stays with your child.
* Please note that this check does not affect any other benefits you may be receiving and does not inform the school or the Local Authority of any details of these benefits.
* The information will be stored securely and will only be accessed by those responsible for undertaking this check.
* The information will be used whilst the child is in education in Wigan LA with the purpose of carrying out both an initial check and subsequent rechecks during this time.
* Your data will be retained until your child falls outside of the free school meal/pupil premium eligibility age range.
* If you wish to find out more on what the Local Authority does with your data please refer to our Privacy Notice on our website at: [www.wigan.gov.uk](http://www.wigan.gov.uk)

**Part 2**

**Child(ren)’s details** (please use block capitals)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname |  | | | | Forename | | |  | | | | | | | | |
| Date of Birth |  | | | | | | | | | | | | | | | |
| UPN (the school will complete this) | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname |  | | | | Forename | | |  | | | | | | | | |
| Date of Birth |  | | | | | | | | | | | | | | | |
| UPN (the school will complete this) | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname |  | | | | Forename | | |  | | | | | | | | |
| Date of Birth |  | | | | | | | | | | | | | | | |
| UPN (the school will complete this) | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname |  | | | | Forename | | |  | | | | | | | | |
| Date of Birth |  | | | | | | | | | | | | | | | |
| UPN (the school will complete this) | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname |  | | | | Forename | | |  | | | | | | | | |
| Date of Birth |  | | | | | | | | | | | | | | | |
| UPN (the school will complete this) | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |

**Completed form to be returned to:-**

|  |  |
| --- | --- |
| School Name | ST EDMUND ARROWSMITH CATHOLIC HIGH SCHOOL |
| School DfE Number | 359/4805 |