



Free School Meal and Pupil Premium Checker Form

This form is for parent/carer's of children in KS3 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
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Thank you for completing this form. Please return it the main school / academy office.

School / Academy Office Use Only

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