

Benefits Service CivicCentre Darwall Street Walsall WS1 1XU

Telephone: 0300 555 2855

Registration Form

Free school meals and pupil premium (Reception to age 19)

Early years pupil premium (Part time nursery children)

Please complete all sections and return the form to either the Benefits Service, or your child's school.

About your child/children

Child's Last Name	d's Last Name Child's First Name		Child's Date of Birth		Name of School	
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					-	
Are these children living with y	ou? Yes 🔲 No		•			
Parent/Guardian deta (This includes those who have		he child/child	iren named	on this form)	,	
Do you have a partner who no	rmally lives with you	u? Yes 🔲	No 🔲			
		You			Your Partner	
Title (Mr, Mrs, Ms etc)						
Last name						
First Name						
Date of Birth						
National Insurance Number						
National Asylum Support Service (NAS	SS) Number	/		/[/	
Daytime Telephone Number						
Mobile Number						
Address	***************************************					
	*******************************		·			
	Postcode	1		Postcode:		

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 No	
If you have ticked yes, you do not need to complete the next section the end of the form.	ction and can go straight to the declaration at
If you ticked no, please place an X in this box if you are in receip	t of any of the benefits listed below: $lacksquare$
income Support	
Income-based Jobseekers Allowance	
Income-related Employment and Support Allowance	
Support from NASS (National Asylum Support Service) under	part 6 of the Immigration and Asylum Act 1999
the guarantee element of State Pension Credit	
Child Tax Credit (with no Working Tax Credit) with an annual in	come of no more than £16,190
Working Tax Credit run-on	
Universal Credit.	
Please place an X in this box if you are not sure whether your join you are in receipt of one of the benefits listed above, but you wou eligible for free school meals/early years pupil premium:	
Declaration Please read this declaration carefully before you/your partner sign	n and date it.
This is my/our request for an eligibility check for early year school meals.	
I/We declare that the information I/we have given on this form is cknowledge.	correct and complete to the best of my/our
I/We authorise the council to make any necessary enquiries to ve authorise the council to cross check the information I/we have give authorities, agencies and asylum support centres. In the event the or council tax benefit the information on my/our claim will be used advise me/us about other government welfare benefits.	ven with other parts of the council, other at I am/we are also claiming housing benefit
I/We understand that if I/we give information that is incorrect or in might affect my/our benefits Walsall Council will take appropriate	
I agree that you can inform the school(s) attended by my child(ren	a) of their intial and ongoing entitlement.
Data Protection	
The information given on this form will be held on computer. It will Protection Act 1984 (as amended by the 1998 Data Protection Acconfidential. We may supply certain information to third parties for burposes of data matching for the prevention and detection of fra	ct). The information you have given is use in determining your claim and/or for the
Signature of Parent / Guardian	Data