



Registration Form

- Free school meals (if eligible your school will also receive extra funding)
- Early years pupil premium (if eligible your child's setting will receive extra funding)

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

About your child/children

Child's First Name	Child's Last Name	Child's Date of Birth	Name of School/Setting
		DD MM YYYY	
		DD MM YYYY	
		DD MM YYYY	
		DD MM YYYY	
		DD MM YYYY	
		DD MM YYYY	

Are these children living with you? Yes ☐ No ☐

Parent/Guardian details

(This includes those who have parental rights for the child/children named on this form)

Do you have a partner who normally lives with you? Yes ☐ No ☐

	You	Your Partner
Title (Mr, Mrs, Ms etc)		
Last name		
First Name		
Date of Birth	DD MM YYYY	DD MM YYYY
National Insurance Number		
National Asylum Support Service (NASS) Number		
Daytime Telephone Number		
Mobile Number		
Address		
	Postcode:	Postcode:

Please sign the declaration overleaf

Eligibility Criteria

- 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 income of no more than £16,190
- Working Tax Credit run-on – paid for 4 weeks after you stop qualifying for Working Tax Credit
- Universal Credit – your household income must be less than £7,400 a year (after tax and not including any benefits you get)

If you are self-employed and in receipt of Universal Credit please tick here ☐

Declaration

Please read this declaration carefully before you/your partner sign and date it.

This is my/our claim for free school meals and my request for an eligibility check for early years pupil premium (for nursery age children).

I/We declare that the information I/we have given on this form is correct and complete to the best of my/our knowledge.

I/We authorise the council to make any necessary enquiries to verify the information on this claim. I/We authorise the council to cross check the information I/we have given with other parts of the council, other authorities, agencies and asylum support centres. In the event that I am/we are also claiming housing benefit or council tax benefit the information on my/our claim will be used to prevent overpayments and to inform and advise me/us about other government welfare benefits.

If you are not eligible now we will re-check your details periodically and let you know if you do become eligible.

If you do not want us to do this please tick here ☐

I/We understand that if I/we give information that is incorrect or incomplete or fail to report any changes which might affect my/our benefits Walsall Council will take appropriate action.

I agree that you can inform the school/setting attended by my child(ren) of their initial, ongoing or future entitlement for all of my child/ren.

Data Protection

The information given on this form will be held in electronic and/or paper format and subject to the safeguards mandated in the General Data Protection Regulations 2016 and Data Protection Act 2018.

We may share your information with other public authorities and/or third parties for the purpose of processing your claim and fraud detection.

Information provided by you may also be used to assess your entitlement to a discretionary housing payment and to provide you with advice about other welfare benefits.

For detailed information on why we collect your data, what we do with your data, how you can access your data, your rights under the law and how we store and dispose of your data, please read our privacy statement online at https://go.walsall.gov.uk/privacy_statement (for further information please follow privacy notice for service area Money Home Job).

Signature of Parent/Guardian Date