



Stoughton Infant School Free School Meal Eligibility & Pupil Premium Application Form

Dear Parent/Guardian,

Although **all children in Infant School** currently receive Universal Infant Free School Meals, it is still extremely important that families apply for *benefits-related* Free School Meals if they are [eligible](#). This is because the application may also allow the school to receive additional government funding called **Pupil Premium**.

Pupil Premium funding helps schools provide additional support for children, including:

- extra teaching and learning support
- intervention programmes
- emotional wellbeing support
- enrichment activities and resources
- help with school trips and wider opportunities

You only need to complete this form **once**. Subsequent rechecks of your eligibility for Free School Meals will be carried out **termly** to assess whether you continue to be eligible.

We are committed to ensuring that the personal and sensitive information that we hold about you is protected and kept safe and secure. We will pass your information to Surrey County Council who will use the information you provide to assess entitlement to Free School Meals. The information may also be shared with other Council departments to offer benefits and services.

What to do

To see if your children are eligible for Free School Meals, please print pages 2-3 of this document, complete all sections of this form and return it to the school office. If you do not have a printer, you can collect a printed copy from the school office.

Important

If you have multiple children attending both Stoughton Infant School and Northmead, you will need to complete a separate form for each school.



Stoughton Infant School Free School Meal Eligibility & Pupil Premium Application Form

This form is double-sided – please complete both sides.

Your Details

Enter the details of the **parent or guardian** who is applying for Free School Meals.

First Name

Last Name

Date of Birth (DD/MM/YYYY)

--	--	--	--	--	--	--	--

National Insurance Number

--	--	--	--	--	--	--	--	--

Asylum Support Reference Number (previously NASS reference number)

--	--	--	--	--	--	--	--	--

Contact Phone Number

--	--	--	--	--	--	--	--	--	--	--

Contact Email Address

Please turn over to continue...



Your Child's Details:

Include **all children** that will be attending Stoughton Infant School:

Child 1									
First name									
Last name									
Date of birth (DD/MM/YYYY)									

Child 2									
First name									
Last name									
Date of birth (DD/MM/YYYY)									

Declaration

By signing below, I confirm that:

I allow the use of the data in this form for the purpose of checking whether my children are entitled to Free School Meals and/or Pupil Premium.

I allow the sharing of the above data with Stoughton Infant School and Surrey County Council, for the purpose of providing Free School Meals and/or allowing the school to receive additional government funding (Pupil Premium) if entitlement is confirmed.

This includes re-applying for Free School Meals / Pupil Premium in future.

Signature

Date (DD/MM/YYYY)

--	--	--	--	--	--	--	--

Important

Once completed, please return this form to the school office.