

About Your Child/Children

If your child has had an Income Based Free School Meal (FSM) on or after 01/04/18 **outside of Sheffield** please state Yes to the FSM award box and add the child's previous school name and location so we can confirm their eligibility, otherwise **please leave the school fields blank**

| Child's Last Name | Child's First Name | Date of Birth | | | FSM on or after 01/04/18 | Previous school name | Previous school location (town/city) |
|-------------------|--------------------|---------------|-----------|-----------|--------------------------|----------------------|--------------------------------------|
| <i>Example</i> | <i>example</i> | <i>01</i> | <i>01</i> | <i>01</i> | <i>Yes</i> | <i>Green Abbey</i> | <i>Simsville</i> |
| <i>Example</i> | <i>example</i> | <i>01</i> | <i>01</i> | <i>15</i> | <i>no</i> | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Parent / Guardian Details | PARENT/GUARDIAN 1 | | |
|------------------------------------|-------------------|--|--|
| Last Name | | | |
| First Name | | | |
| Date of Birth | | | |
| National Insurance No. or NASS No. | | | |
| Daytime Telephone Number | | | |
| Mobile Number | | | |
| Address | | | |
| | Postcode: | | |

| PARENT/GUARDIAN 2 | | |
|-------------------|--|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Postcode: | | |

Declaration

- The information I have given on this form is complete and accurate.
- I understand that my personal information is held securely and agree to the Local Authority using this information to process my application for free school meals and pupil premium.
- I understand that if eligible, my child's eligibility will be shared with the current and future educational settings they attend, and if I make a claim for Free School Meals in a new area, that Sheffield may confirm my child's eligibility for Free School Meals.
- I agree to notify the Local authority in writing if the person claiming the appropriate benefit no longer has responsibility for the child.

Signature of
parent/guardian: _____

Date: _____

Thank you for completing this form and helping to make sure your child's school is as well funded as possible.

