**Pupil Premium Registration form**

**Please complete all sections and return this form to your school or Revenues & Benefits, PO Box 187, Ellesmere Port, CH34 9DB**

1. **Please enter details regarding ALL your children that you wish to claim for**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Forename(s) | Surname | M/F | Date of Birth | Name of School Currently Attending |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Details of parent/guardian**

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Forename(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child/children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ National Insurance Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

1. **Details of the qualifying benefit(s) you receive**

|  |  |  |  |
| --- | --- | --- | --- |
| Income Support |  | Employment & Support Allowance (income related) (Income Related) |  |
| Job Seekers Allowance (Income Based) |  | Child Tax Credits and my annual taxable income is under £16,190 |  |
| Pension Credit (must include Guarantee Credit) |  |  | |
| You cannot get Free School Meals if you are in receipt of Working Tax Credit, or receive an allowance for fostering a child.   1. **Declaration** | | | |

I certify that the information given is, to the best of my knowledge, correct

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_