



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

2) Details of parent/guardian (all fields must be completed)

Surname: _____ Forename(s): _____ Title: _____

Address: _____

Postcode: _____ Telephone No: _____

Relationship to child/children: _____ National Insurance Number: _____

Email Address _____ Date of Birth: ____/____/____

3) Details of the qualifying benefit(s) you receive

Income Support	Employment & Support Allowance (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)	Universal Credit Provided you have an annual net earned income of no more than £7,400	

You cannot get Free School Meals if you are in receipt of Working Tax Credit, or receive an allowance for fostering a child or receive Universal Credit with an annual net earned income of £7,400.

4) Declaration

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

Signature _____ Date _____