



Kader Academy

Free School Meals and Pupil Premium Registration Form

We need information about you and your child, to provide the best education and support by making sure we receive all the government funding to which we and your child are entitled. Please complete this form and return it as soon as possible.

Family Income and Benefit details

Is your joint family income over £16,190 per year? YES/NO
 Do you or your partner receive Working Tax Credit? YES/NO

PLEASE ONLY COMPLETE THIS FORM IF YOU HAVE TICKED NO TO BOTH OF THE ABOVE. If the answer to either of the above is yes then you will not be eligible for pupil premium.

Please tick ✓ the box indication which benefit you are in receipt of – tick all that applies.

Income Support	<input type="checkbox"/>	Income-Based Job Seeker's Allowance	<input type="checkbox"/>
Child tax Credit – with an annual income below £16,190 (with no Working Tax Credit)	<input type="checkbox"/>	Income Related Employment and Support Allowance	<input type="checkbox"/>
The Guaranteed Element of State Pension Credit	<input type="checkbox"/>	Support under Part VI of the Immigration and Asylum Act 1999	<input type="checkbox"/>
Working Tax Credit Run-On	<input type="checkbox"/>	Universal Credit	<input type="checkbox"/>

Parent/ Carer Name (who is in receipt of the above)	Mr/Mrs/Miss/Ms/ Dr/ Other (please delete as applicable)		
National Insurance Number		National Asylum Support Service (NASS) Number	
Parent/Carer Date of Birth		Parent/Carer Contact Number	
Address			
Postcode			
Child's Forename	Child's Surname	Child's Date of Birth	Male/ Female
Declaration :			
The information I have given on this form is complete and accurate. I understand that my personal information is held securely and will be used only for the purpose of establishing entitlement to pupil premium and to contact other sources, as allowed by law, to verify my initial and continuing entitlement. I also agree to notify Kader Academy in writing of any change in my family's financial circumstances as set out on this form.			
Signed:..... Date:.....			
Print:.....			