## **FREE SCHOOL MEAL**

## **REGISTRATION FORM**





## St John's Green Primary School

Please complete all sections and return to the school.

Please contact the school or call into the office should you have any queries about completing the form.

| CHILD/CHILDREN DETAILS   |                     |                      |   |                   |                         |
|--|---------------------|----------------------|---|-------------------|-------------------------|
| Child's Surname  | Child's First Name  | Date of Birth        | Sex M/F                                     | Name of School    |                         |
|  |                     |                      |   |                   |                         |
|  |                     |                      |   |                   |                         |
|  |                     |                      |   |                   |                         |
| PARENT/GUARDIAN DETAI  | LS                  |                      |   |                   |                         |
| Parent/guardian's surname/family name                              |                     |                      |   |                   |                         |
| Parent/guardian's first name                                       |                     |                      |   |                   |                         |
| Parent/guardian's date of birth                                    |                     |                      |   |                   |                         |
| Parent/guardian's National Insurance No.                           |                     |                      |   |                   |                         |
| Daytime telephone number   |                     |                      |   |                   |                         |
| Parent/guardian's current a  | address             |                      |   |                   |                         |
| Please provide your old address if you have moved in the last year |                     | oved                 |   |                   |                         |
| SPOUSE/PARTNER DETAILS   | <u> </u>            | •                    |   |                   |                         |
| Spouse/partner's surname   |                     |                      |   |                   |                         |
| Spouse/partner's first name (if applicable)                        |                     |                      |   |                   |                         |
| Spouse/partner's date of birth                                     |                     |                      |   |                   |                         |
| Spouse/partner's National Insurance No.                            |                     |                      |   |                   |                         |
| Please (X) your Joint Family I                                     | ncomo               |                      |   |                   |                         |
| ☐ Under £16,190 ☐ £1   | □£20,000 - £24,9    | 99 <b>E</b>          | £25,000 - £31,000                           | Over £31,000      |                         |
|  |                     | _                    | _   | - ,               |                         |
| Please (X) if you are in receipt<br>Please (X) the type of benefit | _                   |                      |   |                   |                         |
|  | oseeker's Allowance | ☐ Inco               | ☐ Income-based Employment Support Allowance |                   |                         |
| ☐ Support from NASS (Natio   |                     |                      |   |                   |                         |
| Support from a local author  |                     | ☐ Gua                | Guarantee element of State Pension Credit   |                   |                         |
| ☐ Child Tax Credit and Joint                                       | income of no more t | that £16,190         |   |                   |                         |
| If your circumstances cho  | ange, please info   | rm your child's sch  | ool immed                                   | iately!           |                         |
| DECLARATION:   |                     |                      |   |                   |                         |
| The information I have   | given on this for   | m is complete and    | l accurate.                                 | Any personal infe | ormation you give us is |
| held securely and will b   | _                   | •                    |   |                   |                         |
| used for other council pu  | urposes, unless tl  | here are legal restr | ictions pre                                 | venting this.     | ·                       |
| Signature of parent/guar   | -0- 3               | Date:                |   |                   |                         |