

Pupil premium funding from the government is given to schools to help pupils reach their full potential, UHJDUGOHVV RI WKHLU EDFNJURXQG RU ILQDQFLDO VLWXDWLRQ

- x Are registered for free school meals
- x Have been registered for free school meals at any point in the past 6 years
- x Are, or have been, in care
- x Have parents in the armed forces

At Percy Hedley School in 2022/23 we were allocated an extra £1,465 for primary pupils and £1,035 for





Universal infant free school meals

Currently, pupils in reception, year 1 and year 2 are entitled to a free school meal thanks to a different government

Appl ication for free school meals				
Your details (the parent or guardian)				
Name (Required)				
First name:		Surname:		
Previous surname (if a	applicable):			

Tell us how you qualify for free school meals

Your child is eligible for free school meals if they are in Key Stage 1 (Reception, Year 1 or 2) or if you are in receipt of any one of the benefits listed below. Please tick all that apply.

## Benefit (Required)

We will need to have sight of this benefit for your application to be processed.

My child is Key Stage 1

Support under part VI of the Immigration and Asylum Act 1999

The guaranteed element of Pension Credit \*

Income Support \*

Income-EDVHG - REVHHNHU¶V \$ O O R Z D Q F H R U W (a) Proceed BY D Q G 6 X S S R U V & K L O G 7 D [ & U H G L W S U R Y L G H G \ R X ¶ U H Q R W D O V R H Q W L W O H G W R : R of no more than £16,190) \*

Working Tax Credit run-on \*

Universal Credit, provided you have an annual net earned income not exceeding £7,400 (£616.67 per month)  $^{\star}$ 

\* For any families eligible for this benefit, you will also be eligible for school holiday vouchers

## Declaration

I wish to apply for school meals in respect of the named children. I certify the information I have provided and the benefit I am claiming is correct. I will notify Student Support immediately of any change in circumstances. I agree for you to use the information I have provided to process my claim for free school meals and will contact other sources as allowed by law to verify my initial and ongoing entitlement. I understand that the information contained in this form may be passed to a third party if they are involved in the provision of free school meals.

Name:	
Signed	
Date:	

Please return the completed form to the School Office.