



This form will allow the Local Authority to check and then subsequently advise your child's school if they are eligible to receive a free school meal. This is so that the school can claim for the pupil premium funding.

Important: If you do not wish to claim a free school meal, we will still share the outcome of your check with your school to enable them to claim the pupil premium funding.

This form needs to be completed in full and then returned to your child's school.

Part 1

Parent 1											
National Insurance Number											
National Asylum Support Service Number											
Surname (block capitals)	•	•									
Forename (block capitals)											
Date of Birth (DD/MM/YYYY)											
			'				'	•	-		
Parent 2 (if applicable)											
National Insurance Number											
National Asylum Support Service Number											
Surname (block capitals)											
Forename (block capitals)											
Date of Birth (DD/MM/YYYY)											
If you are entitled, do you wish to claim a	free sch	iool me	al for y	your ch	ild(ren)?	1	Yes	/ No		
By signing this form you are giving consent to Wigan Local Authority sharing the outcome of your check with your child's school and any subsequent school your child moves to, in order to ensure the Government's free school meal eligibility protection stays with your child. If at any stage you wish to withdraw your consent, please inform your child's school.											

How we will use your data

Signature:

Date:

- The Local Authority will use the information above to carry out a check that will be used to determine whether your child is currently eligible for Free School Meals/Pupil Premium.
- The Local Authority will share the outcome of the check with your child's school and any subsequent school your child move to, in order to ensure the Government's free school meal eligibility protection stays with your child.
- Please note that this check does not affect any other benefits you may be receiving and does not inform the school or the Local Authority of any details of these benefits.
- The information will be stored securely and will only be accessed by those responsible for undertaking this check.
- The information will be used whilst the child is in education in Wigan LA with the purpose of carrying out both an initial check and subsequent rechecks during this time.
- Your data will be retained until your child falls outside of the free school meal/pupil premium eligibility age range.

If you wish to find out more on what the Local Authority does with your data please refer to our Privacy Notice on our website at: www.wigan.gov.uk Please also refer to the Trust's Privacy Notice on the website www.questrust.org.uk to find out more on what the Trust/School does with your data.

Part 2
Child(ren)'s details (please use block capitals)

School DfE Number

Surname						Forename										
Date of Birth																
UPN (the scho	ol will complete	this)														
Surname						Forename										
Date of Birth																
UPN (the scho	ol will complete	this)														
Surname						Forename										
Date of Birth																
UPN (the scho	ol will complete	this)														
Surname					Forename											
Date of Birth																
UPN (the scho	ol will complete	this)														
Surname					Forename											
Date of Birth																
UPN (the scho	ol will complete	this)														
Completed form to be returned to:-																
School Name																