

REGISTRATION FORM – PRIMARY PUPILS

Please complete the information below and return this form to school. The information will be processed by Lincolnshire County Council to check for eligibility for free school meals and additional pupil premium funding.

PARENT/GUARDIAN DETAILS

	Parent/Guardian First Name	Parent/Guardian Surname	Parent/Guardian Date of Birth	Parent Guardian National Insurance Number								
	Michelle	SMITH	dd/mm/yyyy	A	X	9	4	3	5	2	2	C
1												
2												

CHILD DETAILS

	Child's First Name	Child's Surname	Child's Date of Birth		
1			dd	mm	yyyy
2					
3					
4					

Declaration

The information I have given on this form is complete and accurate. I understand that any personal information I provide on this form will be held securely on Lincolnshire County Council systems and used only for the purpose of checking free school meal eligibility. I consent to this information being used to undertake an eligibility check for free school meals.

Parent Guardian 1		Date:	
Signature			
Parent Guardian 2		Date:	
Signature			