

Supplementary Form: Free School Meals Eligibility Priority Admission to Reception in September 2018

Please note that this is **in addition** to the Preference Form (Common Application Form) that is submitted to the Local Authority.

Explanatory Note:

Under the School Admissions Code, schools are able to give priority in admissions to pupils from specific sub-categories attracting the Pupil Premium payment to schools. As set out in our admission policy, Liverpool College will give priority to children eligible to be registered for free school meals who live within a two (2) mile radius of the main entrance gates of the Liverpool College site, for four (4) places in Reception.

If more pupils apply for consideration under this criterion than places available (4 places), we will apply the tie break as set out within our admissions policy. All applicants who seek a place under the free school meals eligibility criterion but to whom an offer is not made will be considered under subsequent oversubscription criteria.

Free School Meals Eligibility Criteria:

For the purposes of the school's admission policy you are considered to be eligible to be registered for free school meals if you or your child receive any of the following:

- Income Support
- income-based Jobseeker's Allowance
- income-related Employment and Support Allowance
- support under Part VI of the Immigration and Asylum Act 1999
- the guaranteed element of Pension Credit
- Child Tax Credit (provided you're not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190)
- Working Tax Credit run-on paid for 4 weeks after you stop qualifying for Working Tax
 Credit
- Universal Credit

If you or your child receive any of the above, please tick the box below and complete the information on the next page. You will be expected to provide evidence of receipt of one of the above.

	My child is entitled to be registered as eligible for free school meals.
I	

Please complete this page in BLOCK CAPITALS

			Child's d	letails					
Surname:									
Forename(s):									
Date of birth:		1	1	Gender:	Male	Female	(please circle)		
Address:									
	Postcode:								
Parent or Guardian details									
Surname:		ı are	iic or Guai	dian details					
Forename(s):									
Title (Mr/Mrs/Ms/Dr etc	.):								
Address:									
	Postcode:								
Telephone number									
Email address:									
Relationship to Child: (please tick appropriate box)			Mother	Fa	ther	Guard	ian		
			Declara	ation					
I declare the information on this application form to be true and correct and agree that it can be subject to verification.									
Signed (Parent / Guardia	ເກ):	Date:							
Print Name:									
Submitting the completed form									
Please return the com		orm witl egistrar,	h evidence	to confirm (eligibility to				

All information will be treated as confidential