**Application for free school meals**

The information given will be treated as **strictly confidential**. This form when completed should be sent to the school office.

**Incomplete forms will be returned.**

*Please use* ***capital letters*** throughout.

*Benefit Claimant*

Title: Mr / Mrs / Miss / Ms ………………………….National Insurance Number: ………………………

Surname …………………………………First Name (s): ………………………………………..

Address: …………………………………………………………………………………………………………...

…………………………………………………………………………………………………………...

…………………………………………………………………………………………………………...

Postcode: …………………………………………..

Date of Birth:

Mother \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ Father \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ Guardian\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

Home Telephone Number: ……………………………………………….

Mobile telephone Number: ……………………………………………….

Email Address: ……………………………………………………………………………………………………

Marital Status: Married / Widowed / Divorced / Seperated / Single / Living with Partner

**Please tick which benefit you are currently receiving and provide all pages of proof being no older than 3 MONTHS to Elaine Josling in Reception**

* Universal Credit (provided you have an annual net earned income of no more than £7,400, as assessed by earnings from up to three of your most recent assessment periods)
* 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 guarantee 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 four weeks after you stop qualifying for Working Tax Credit

**Declaration**

To be signed by both parents/partner/guardians. If this is not possible (e.g. one parent family) the fact should be stated.

I/we hereby declare that the information on this form is correct

I/we undertake to notify the school immediately if my/our benefits stop.

I/we authorise the Local Authority and School to check the details with the benefit office.

Signed (Mother/stepmother/Guardian) …………………………………………. Date …………………….

Signed (Father/stepfather/Guardian) ………………………………………….. Date …………………….

**About your children**

Details of children for whom application is made

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Surname** | **First Name(s)** | **D.O.B.** | **Name of School** | **Boy/Girl** | **ID Number** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Names of other children (including adopted children) living at home, for whom you receive Child Benefit

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Surname** | **First Name(s)** | **D.O.B.** | **Name of School** | **Boy/Girl** | **ID Number** |
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**PLEASE SIGN DECLARATION**

Data Protection

This Authority is under a duty to protect the public funds it administers and to this end may use the information you have provided on this form within this Authority for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes. Individuals will not be identified and the council will be careful about collecting, storing, analysing and publishing data. The information

supplied on this form will be held on computer by this Authority and will be subject to the terms of the General Data Protection Regulations and Data Protection Act 2018.