

# Application for Free School Meals



Please note that Free School Meals **cannot be backdated**. Applications can only be considered from the date the local authority receives your form.

## Your Details (the Parent or Guardian in receipt of benefit)

Forenames of Father/Guardian		Surname		Title	
Date of Birth		National Insurance Number Or NASS Reference			
Email Address					

Forenames of Mother/Guardian		Surname		Title	
Date of Birth		National Insurance Number Or NASS Reference			
Email Address					

Father/Mother/Guardian Address					
Postcode		Telephone Number		Mobile Number	

Have you applied for Free School Meals before?    Yes     No

## Your Children's Details

Forename	Surname	Date of Birth	Name of School	Year Group	Your Relationship to Child

Please Turn Over

## Details of Benefit

You are eligible if you are in receipt of any one of the following: (please tick relevant box)

- Income Support
- Income-based Job Seekers Allowance
- Income-related Employment and Support Allowance
- Support under Part VI of the Immigration and Asylum Act 1999
- Pension Credit Guarantee
- Child Tax Credit without Working Tax Credit and an annual taxable income below £16,190 (as assessed by HM Revenue and Customs).
- Working Tax Credit run-on - paid for 4 weeks after you stop qualifying for Working Tax Credit and an annual taxable income below £16,190
- Universal Credit

Children who receive any of the above benefits in their own right are also eligible to receive Free School Meals.

**If you need advice or help completing the form please contact us on 0191 643 2288**

## Declaration & Signature

I wish to apply for Free School Meals in respect of the named children.

- I **certify** that the information given on this form is correct to the best of my knowledge and belief.
- I will notify Student Support immediately of any change in circumstances.

I agree that you will 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.

I will notify you of any change in circumstances.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Office use only: -

Date requested \_\_\_\_\_ Date received \_\_\_\_\_

Date ECS checked \_\_\_\_\_ Checked by \_\_\_\_\_ Result Yes / No

Other action taken \_\_\_\_\_