

APPLICATION FOR FREE SCHOOL MEALS



Please complete and return to your school, together with an original proof of the relevant support payment(s); your proof must be official documentation that is sent from the agency.

The relevant support payments are:

- Income Support
- Income Based Jobseekers Allowance (IBJSA)
- Income-related employment and support allowance (IRESA)
- Child Tax Credit, provided they are not entitled to Working Tax Credit and have an annual income, as assessed by Her Majesty's Revenue and Customs, which does not exceed £16,190 (FSM only)
- Guaranteed Element of State Pension Credit
- Where a parent is entitled to Working Tax Credit run-on (the payment someone receives for a further four weeks after they stop qualifying for Working Tax Credit)
- Support under part VI of the Immigration and Asylum Act 1999
- Working Tax Credit (eligible for 2 –year old funding only) and have an annual income, as assessed by Her Majesty's Revenue and Customs, which does not exceed £16,190
- Universal Credit

Parent/Carer Details

| | | | |
|-----------------------------|------------------|----------------------------------|----------------------|
| Title | Firstname | Surname | Date of birth |
| Address and Postcode | | National Insurance Number | |

Please give details of each child, including the school they attend:

| Full Name | Date of Birth | Address | Name of School |
|-----------|---------------|---------|----------------|
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I declare that the particulars stated on this form are correct and that I am in receipt of one of the relevant support payments for free school meals. 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 undertake to notify the school immediately I cease to receive or have any changes to the relevant support payment (please note that you will be required to meet the cost of any free meals provided after the date you cease to receive entitlement).

Parent / Carer signature: _____ Date: _____

Name (in block capitals): _____

For School/Academy use only

I have checked the free school meal hub/ I have viewed the original Award Notice/ Letter of the student's entitled to free school meals.

Name: _____ Date: _____

Period of entitlement from: _____ to: _____