

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 _____