

APPLICATION FOR FREE SCHOOL MEALS 20__/20__

SURNAME OF PARENT/CARER _____ FORENAME(S) _____

ADDRESS _____

POSTCODE _____ TEL NO. _____ MOBILE NO: _____

MARITAL STATUS: SINGLE/MARRIED/LIVING WITH PARTNER/OTHER _____ (please delete as appropriate)

FULL NAME OF CLAIMANT IF DIFFERENT FROM ABOVE _____

1. NAT/INS NO.OF CLAIMANT _____ D.O.B. _____ MR/MRS/MS/MISS

NAT/ INS NO. OF PARENT/CARER _____ D.O.B. _____ MR/MRS/MS/MISS

Please note below the name of each dependent child who is:

- 2. (a) In Full Time Attendance at a School or Other Educational Establishment.
- (b) Living at home under school age.

		FOR OFFICIAL USE ONLY			FOR OFFICIAL USE ONLY
NAME	Proof of Child Benefit seen	Date Of Birth	SCHOOL	NEW SCHOOL	

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FREE SCHOOL MEALS COVERED UNTIL

DATE				
REASON				

PERSONAL INFORMATION

'The 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'.

I, the claimant, certify that the information given regarding my entitlement to free school meals is to the best of my knowledge and belief correct. I also understand and agree to the above statement. I will notify the Authority of any alterations in the particulars given and agree to pay the Authority on demand any or all payment made in respect of school meals should I cease to receive any of the following eligible benefits :-

- Income Support
- Job Seekers Allowance (Income Based)
- An income-related Employment and Support Allowance (introduced on the 27 October 2008)
- Support under part VI of the Immigration and Asylum Act 1999
- In receipt of a 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) that as of 6 April 2010 does not exceed £16,190. *Please note: from 1 May 2009 where a parent/carer is entitled to Working Tax Credit during the four-week period immediately after their employment ceases, or after they start to work less than 16 hours per week, their children are entitled to free school meals-this will be shown on your Tax Credit Decision Notice*
- Guarantee element of State Pension Credit

Signed: _____ (Parent/Carer/Pupil) Date: _____

I agree that you will use the information I have provided to process my claim for free school meals and will contact other sources (*including a special government database which shows the benefits that entitle parents/carers to free school meals*) as allowed by law to verify my initial and ongoing entitlement.

I understand that the results of any free school meals eligibility check may also be used to assess my entitlement to receive free travel to school for my children

Signed: _____ (Parent/Carer/Pupil) DOB: _____ Date: _____

Print Name: _____ National Insurance Number: _____

Address: _____

What do I do next?

When you have completed the application form you will need to bring it to:-

- **Children's Services Department, Athenaeum House, Market Street, Bury, BL9 0BN.**
Alternatively you may take it to Redvales, Little Oaks or Ramsbottom Children's Centre.

If you have any queries, please telephone Mrs Duncan on 0161 253 5630.

Documents required

- Evidence of benefit e.g. a letter from DWP/Job Centre Plus dated within the last 2 weeks, or your current year child tax credit notification if applicable.
- Proof of child benefit e.g. your current Child Benefit letter or your current Child Tax Notification.

Please Note

If you are entitled to free school meals these will start the day after your visit to the Children's Services Department or one of the Children's Centres that provide this service (noted above).

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DATE REVIEWED	PROOF SEEN	DATE MEALS TO COMMENCE	SEEN BY	SCHOOL INFORMED		DATE OF NEXT REVIEW
				VERBALLY	BY LETTER	

NOTES

DATE TO BE DESTROYED