

**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 the official documentation that is sent from the Agency).**

The relevant support payments are:-

- (1) Income Support/Employment Support Allowance (IR) (ESA(IR))
- (2) Income Based Job Seekers Allowance
- (3) Support under the Immigration & Asylum Act 1999
- (4) Child Tax Credit [(1) provided that Working Tax Credit is not included (2) and that the "annual income for Tax Credit purposes", is within the guidelines set for the financial year]
- (5) The 'Guarantee' element of State Pension Credit

<b>Parent/Guardian details:</b>			
Surname	Title	First Names	
Address & Postcode			Date of Birth:

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

Full Name	Date of Birth	Address	Name of School

Which benefit are you in receipt of:	<input checked="" type="checkbox"/>	Dated from	Dated to	NI/Reference No.
Income Support/Employment and Support Allowance/Jobseeker's Allowance				
Immigration & Asylum Act				
Guaranteed 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 4 weeks after you stop qualifying for Working Tax Credit				
Universal Credit – if you apply on or after 1 April 2018 your household income must be less than £7,400 a year (after tax and not including any benefits you get)				

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 lunches. I agree that you will use the information I have provided to process my claim for free school lunches 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).

Signature..... Date.....

**FOR OFFICE USE ONLY**

*I have checked the free school meal hub/I have viewed the original Award Notice/Letter –*

Name.....Date.....  
 .....number of children entitled to free school meals. Period of entitlement: from.....to.....