**FREE SCHOOL MEAL APPLICATION FORM**

CHILDREN WHOSE PARENTS/CARERS RECEIVE ANY OF THE FOLLOWING ARE ENTITLED TO FREE SCHOOL MEALS:

* **Income Support (IS)**
* **Income based Job Seeker’s Allowance (IBJSA)**
* **Child Tax Credit, provided they are not entitled to Working Tax Credit, and have an annual income (as assessed by HM Revenue & Customs) that does not exceed £16,190**
* **The Guarantee element of the State Pension Credit**
* **Income related employment and support allowance**
* **Support under Part 6 of the Immigration and Asylum Act 1999**
* **Working Tax Credit during the four-week period immediately after their employment finishes or after they start to work less than 16 hours per week**
* **Universal Credit \*\* with an annual income no more than £7,400.**

*Children who receive IS or IBJSA in their own right are also entitled to receive free school meals.*

*\*\*Universal credit - During the Universal Credit pathfinder which started on 29th April 2013 children in families in receipt of Universal Credit will be entitled to FSM. [When all families are moved to Universal credit the criteria will change. This is yet to be determined by the DfE]*

*Administration for the provision of free school meals is undertaken by the school. This form should be completed and returned to your child’s school.*

**1. DETAILS OF PARENT/CARER WITH QUALIFYING BENEFIT – COMPLETE IN BLOCK LETTERS**

**BLOCK LETTERS**

**SURNAME/FAMILY NAME as it**

**appears on your benefit letter:**

/ /

**FIRST NAME: TITLE: D.O.B: *dd/mm/yyyy***

**NATIONAL INSURANCE NUMBER OR NATIONAL ASYLUM SEEKER NUMBER:**



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**LD/CHILDREN REQUIRING FREE HOOL**

**2. DETAILS OF CHILD / CHILDREN REQUIRING FREE SCHOOL MEALS**

|  |  |  |
| --- | --- | --- |
| **SURNAME** | **FIRST NAME** | **DATE OF BIRTH** |
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**3. DECLARATION**

I declare that the information given on this form is true and complete and I undertake to inform the school if my entitlement to one of the qualifying benefits is terminated. I understand that I will be liable for any costs incurred in providing free school meals for my child(ren), should I fail to inform the school of the termination of my benefit.

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 to free school lunches.

I have read and I understand the above declaration.

**SIGNATURE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian) **DATE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_