

FREE SCHOOL MEAL APPLICATION FORM 2015-16

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 VI 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 ****

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

SURNAME/FAMILY NAME as it appears on your benefit letter:

INITIAL: **TITLE:** **DOB dd/mm/yyyy** / /

NATIONAL INSURANCE NUMBER OR NATIONAL ASYLUM SEEKER NUMBER:

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2. DETAILS OF CHILD / CHILDREN REQUIRING FREE SCHOOL MEALS

SURNAME	FIRST NAME	DATE OF BIRTH

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** _____