



APPLICATION - FREE SCHOOL MEALS

Please post this form to:
Client Services, Marlborough House
38 Welford Road, Leicester, LE2 7AA

For any queries relating to this form, please telephone
 0116 252 7865 or e-mail education.fsm@leicester.gov.uk

FOR OFFICE USE
 ONLY

Completed:
 Hub outcome:
 Relationship checked:
 Valid until:
 Initials:

YOUR DETAILS

PLEASE WRITE CLEARLY IN CAPITAL LETTERS

Title (Mr/Mrs/Miss/Ms/Other):

Your First name:

Your Last name:

Your Date of birth (dd/mm/yyyy):

Your Current home address:

Post Code:

Your National Insurance Number:

NASS reference number:
 (Asylum seekers only)

				Telephone No					

Relationship to the child/ren you are claiming for:

Mother / Father / Other (please specify)

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Please note: Pupils who are in foster care are not entitled to free school meals if their foster parents are paid a fostering allowance that covers the child's food costs.

DETAILS OF THE CHILDREN YOU ARE CLAIMING FOR

Child's full name	Boy/ Girl	Date of birth			What is the name of the school that this child attends?	Does this child live with you?
		DD	MM	YYYY		
<i>e.g. Andrew Marr</i>	<i>Boy</i>	<i>01</i>	<i>02</i>	<i>2001</i>	<i>Mellor Primary School</i>	<i>Yes</i>

Declaration and Authorisation

I declare that the information given above is full and correct. I will inform you immediately if any of the information changes and agree to repay, on request and without delay, the cost of any meals supplied outside my period of eligibility. I agree that the Council may, at any time, request information from other agencies, including electronic checks of benefits entitlement via the Department for Education Eligibility Checking Service, solely for the purpose of assessing my entitlement to free school meals, and this will be held on a computer database in accordance with the Data Protection Act 1998.

I hereby authorise the Council to undertake such checks as are deemed necessary at any time to confirm my continuing entitlement. I understand that I may be prosecuted if I have given false information or withheld any relevant information.

Signature _____ Date _____

To qualify for Free School Meals, you must be in receipt of one of the benefits below. Please tell us which benefit you receive by ticking the relevant box below.

You need not supply documentary evidence of qualifying benefits at this stage, as we will conduct checks electronically. However, we reserve the right to request relevant documentation from you to validate your claim if required.

A. I receive Child Tax Credits only, with **no** entitlement to Working Tax Credit and my gross annual family income, as assessed by HM Revenue & Customs, is **less than** £16,190 ('gross' means before deductions for tax and National Insurance)

Please note: If you receive Working Tax Credit you will **not** qualify for Free School Meals.

B. I receive Income support

C. I receive Income Based Jobseekers Allowance

D. I receive Employment and Support Allowance ESA (IR) Income-related ONLY

E. I receive a Guaranteed Element of State Pension Credit

F. I am an Asylum Seeker