

## FREE SCHOOL MEAL APPLICATION FORM

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

- ✓ **Income Support (IS)**
  - ✓ **Income-based (not contribution-based) Job Seeker's Allowance (IBJSA)**
  - ✓ The **Guarantee** element of the State Pension Credit.
  - ✓ **Income-related employment and support allowance** or
  - ✓ Financially supported by NASS (National Asylum Support Service).
  - ✓ **Child Tax Credit** except if you meet ANY of the following criteria -
    - i) entitled to working tax credit (regardless of income)
    - ii) have an annual income in excess of £16,190 (Please note that this figure is for April 2010 and that it changes in April each year).
- Children who receive IS or IBJSA in their own right are also entitled to receive free school meals.*

Administration for the provision of free school meals is undertaken by Buckinghamshire County Council for those pupils attending a maintained school within Buckinghamshire. 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:**  **DATE OF BIRTH:**  dd/mm/yyyy

**NATIONAL INSURANCE NUMBER**

OR

**NATIONAL ASYLUM SEEKER NUMBER**

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**ADDRESS**

**POST CODE**

**DAYTIME TEL. NO(s)**



### 2. DETAILS OF THE CHILD/CHILDREN REQUIRING FREE SCHOOL MEALS

Family Name or Surname	First Name	Date of Birth	Name of School

### 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 understand that the results of any free school lunch eligibility check may also be used to assess my entitlement to receive free travel to school.

I have read and I understand the above declaration.

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