

DON'T MISS OUT

apply for **FREE SCHOOL MEALS**



Application form for free school meals 2016/2017

Parents details - please use CAPITALS letters

Title Mr Mrs Miss Ms Other

Last name

First name

Middle name(s)

Your National Insurance/NASS reference number

Your date of birth / /

Address

Postcode

Telephone number Mobile

Email address

Please tick the income you receive

- Income Support
- Income-based Jobseeker's Allowance
- Income-related Employment and Support Allowance
- The Guaranteed part of State Pension Credit
- NASS - Support under part VI of the Immigration and Asylum Act 1999
- Child Tax Credit provided you are not entitled to Working Tax Credit and have an annual income (as assessed by HM Revenue & Customs) that is £16,190 or below
- Working Tax Credit for the four week period immediately after your employment has finished.

Please tell us the last day of your employment / /

Child/children's details

Child's last name	Child's first name	Name of school	Child's date of birth	Do you get child benefit or child tax credit for this child
			/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
			/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
			/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
			/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
			/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No

What is your relationship to the child(ren)?

Declaration – please read this declaration carefully before you sign and date it

I understand that:

I declare the information I have given on this form is correct and complete.

I agree that you will use the information I have provided to process my claim for free school meals and will contact other sources as allowed by law to verify my initial, and ongoing, entitlement.

I agree that you can inform the school / schools attended by my child / children of their initial and ongoing entitlement to free school meals.

You may give some information to other government organisations if the law allows or requires this.

I will tell the **Pupil Benefits Team** about any change in my circumstances, which might affect my entitlement to free school meals.

I may be asked to provide evidence of benefit if you are unable to confirm my entitlement and ongoing entitlement to free school meals.

Signature of person claiming

Date

Please bring or post this form to:

Pupil Benefits Team, Hackney Learning Trust, 1 Reading Lane, E8 1GQ or call **020 8820 7248**

The reception is open **Monday to Friday** between **9am and 5pm**

For office use

ECS eligible Yes No

HMRC eligible Yes No

Officer

Date processed
