

## FREE SCHOOL MEALS APPLICATION FORM

Please complete the form in BLOCK CAPITALS

Parent/Carer	Last Name		First Name	е	Date	Date of Birth National Insurance Nu								er
Mr/Mrs/Miss/Ms														
Address:					Со	ntact Tele	epho	one	Num	ber				
					Em	ail Addre	ess							
Postcode:														
What is your re	elationship to t	he children list	ted below?											
all correspo	ge your addres ondence is sen School (include	t to the correc	t address.				cil ir	nme	ediate	ely t	to e	nsu	re ti	hat
Last Name		First Name Date of			rth	School								
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BEFORE YOU	J APPLY PLEA	SE READ AND	SIGN THE F	OLLOWING	S UND	ERTAKIN	G.							
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circumstances	the informations. I understand ay make this ap	that any false of	r misleading	information	given d	on this for	m or	failu						
I confirm that t	the children nam	ned above are i	ncluded in my	y claim.										
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oignature				_ Date										

## AM I ELIGIBLE FOR FREE SCHOOL MEALS?

You are eligible for free school meals if you receive:

- Universal Credit (provided you have an annual net earned income of no more than £7,400, as assessed by earnings from up to three of your most recent assessment periods)
- Income Support
- Income-based Jobseeker's Allowance
- Income-related Employment and Support Allowance
- Support under Part VI of the Immigration and Asylum Act 1999
- The guarantee element of Pension Credit
- Child Tax Credit (provided you're not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190)
- Working Tax Credit run-on paid for four weeks after you stop qualifying for Working Tax Credit

## **HOW TO APPLY**

- 1. Complete the boxes overleaf with your details and your children's details. If you need help to complete this part of the form, telephone the Children and Young People Information Service on 01454 868008.
- 2. Sign the form.
- 3. Return this form to: **SOUTH GLOUCESTERSHIRE COUNCIL, COUNCIL OFFICES, PO Box 1955, BRISTOL BS37 0DE**