

APPLICATION FOR FREE SCHOOL MEALS

Please complete and return to Mrs Laing in Reception.

The relevant payments are:

1. Income Support
2. Income based Employment and Support Allowance
3. Income based Jobseekers Allowance
4. Support under part VI of the Immigration and Asylum Act 1999
5. The Guaranteed element of the State Pension Credit
6. Child Tax Credit provided your annual income as assessed by the Inland Revenue does not exceed £16190 and provided that Working Tax Credit is not included.

Parent Guardian Details:

Surname	Title	First Names	Date of Birth
Address Including Post Code:			
National Insurance Number:			

Please give names of each child, including the school they attend:

Full Name	Date of Birth	Address

I declare that the particulars stated on this form are correct and that I am in receipt of one of the relevant support payments for free school meals. I understand that any details given by me may be checked and I undertake to notify the school immediately I cease to receive or there are any changes to the relevant support payment (please note that you will be required to meet the cost of any free meals provided after the date you cease entitlement).

Signature: Date:

OFFICE USE ONLY

HUB confirmation date: Signed: