



## FREE SCHOOL MEALS APPLICATION FORM

Please complete the form in **BLOCK CAPITALS**

Parent/Carer	Last Name	First Name	Date of Birth	National Insurance Number										
Mr/Mrs/Miss/Ms				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> </tr> </table>										

Address:   Postcode:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Contact Telephone Number</th> </tr> <tr> <td style="height: 20px;"></td> </tr> <tr> <th style="text-align: left;">Email Address</th> </tr> <tr> <td style="height: 20px;"></td> </tr> </table>	Contact Telephone Number		Email Address	
Contact Telephone Number					
Email Address					

***If you change your address you MUST inform the South Gloucestershire Council immediately to ensure that all correspondence is sent to the correct address.***

Children at School (include all children, even if they have been renewed recently)

Last Name	First Name	Date of Birth	School

**BEFORE YOU APPLY PLEASE READ AND SIGN THE FOLLOWING UNDERTAKING.**

I understand that South Gloucestershire Council is under a duty to protect the public funds it administers and to this end may use the information I provide within the Authority for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes.

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 claim and ongoing entitlement.

I confirm that the information given on this form is correct and I will inform you immediately of any change in circumstances. I understand that any false or misleading information given on this form or failure to disclose relevant information may make this application void and could render me liable to legal proceedings.

I confirm that the children named above are included in my claim.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## AM I ELIGIBLE FOR FREE SCHOOL MEALS?

You are eligible for free school meals if you receive:

- Income Support
- Employment Support Allowance (Income-related)
- Income-based Job Seekers
- Child Tax Credit, but are not entitled to Working Tax Credit and your annual income (as assessed by HM Revenue & Customs) does not exceed £16,190.00
- Support under Part VI of the Immigration & Asylum Act 1999
- The 'Guaranteed Element' of Pension 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 2082, CASTLE STREET, THORNBURY, SOUTH GLOUCESTERSHIRE, BS37 9BQ**