Application Form for Free School Meals



Important: Please fill in **all** sections carefully. This information is needed to check your eligibility for Free School Meals. Missing or incorrect information may lead to delays in processing your application or being told incorrect results. **You should only use this form if you are unable to apply online.**

	an details		1	
	Parent/Guardian 1		Parent/Guardian 2	
First name(s)				
Last name				
Date of Birth (DD/MM/YYYY)				
National Insurance Number				
National Asylum Support Service No.				
Daytime Phone No.				
Mobile Phone No.				
Address				
	Postcode:		Postcode:	
Email Address				
	1		I	
Parental resp	onsibility			
	en):responsibility for the ch	ild(ren)?	Yes	No
o you have parental	responsibility for the ch			
Details of all d	responsibility for the ch	or whom you w	vish to claim F	ree School Meals
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Which benefit do you receive? (Pleas	se tick box below)				
1. Income Support	5. Support under Part VI of the Immigration & Asylum Act 1999				
2. Income based Jobseeker's Allowance	6. Guaranteed Element of Pension Credit				
3. Employment & Support Allowance (income related)	7. 28 Day Working Tax Credit run on				
4. Child Tax Credit (without Working Tax Credit) & an annual gross income (as assessed by HM Revenue & Customs) that does not exceed £16,190	8. Universal Credit (with an annual net earned income of no more than £7,400*)				
* Your net earned income is your household inco income through Universal Credit or other benefit	ome after taxes and deductions. It does not include s that you may receive.				
5 Further Information					
Have you recently moved into the county? If so, from which county have you moved? Has the child(ren) you are applying for received free school meals in the past? If so, approximately when?					
Declaration: I confirm that as far as I correct.	know the information I have given above is				
free school lunches and will contact other source	nformation I have provided to process my claim for es (Department for Education, HMRC and by law to verify my initial and continuing entitlement.				
The information may also be shared with other C Passenger Transport Unit to check eligibility for	Council departments to offer benefits and services (eg school transport). (please tick box)				
I confirm that I have parental responsibility for th	e above-named child(ren).				
Your signature:	Date:				

If you have any questions, you can contact the free school meals team on 01473 260989 or reeschoolmeals@suffolk.gov.uk