

Application for Free School Meals and Pupil Premium

If you would like your child to receive free school meals or Pupil Premium, please fill in this form and submit it online. If you give us your e-mail address we will send you an automated e-mail to confirm receipt of your form.

Part 1 Personal Details

Do you have a partner? No
Yes

Are you a pupil receiving Income Support or Income-based Jobseeker's Allowance and claiming free school meals for yourself? No
Yes

If "Yes", please enter the name and address of the school you attend:

Postcode

Benefit claim number (if known)

You

Your Partner

Surname:

Other names:

Any other names you have used:

Title:

Address, including room number if you have one: Do not tell us your partner's address if it is the same as yours.

Postcode

Postcode

National Insurance (NI) number:

If you do not have an NI number, or cannot find it, tick this box.

If you do not have an NI number, or cannot find it, tick this box.

Date of birth:

Phone number:

E-mail address:

Please state the type of income you/your partner receive:

If you are in receipt of Working Tax Credit, you will not qualify for Free School Meals.

Annual gross income (as assessed by HM Revenues and Customs):

Your or your partner's NASS or SSAT reference number if you have one:

Part 2 Children

How many children do you get child benefit for?

If you have more than 8 children please tell us about them on the extra page.

	First Child	Second Child	Third Child	Fourth Child
Surnames:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Names:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child's Gender:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is the child's relationship to you?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who gets the child benefit for them?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name and address of school or setting:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Is this nursery, primary, secondary, or private school?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Does your child attend full or part time?

Full time <input type="checkbox"/>	Full time <input type="checkbox"/>	Full time <input type="checkbox"/>	Full time <input type="checkbox"/>
Part time <input type="checkbox"/>	Part time <input type="checkbox"/>	Part time <input type="checkbox"/>	Part time <input type="checkbox"/>

	Fifth Child	Sixth Child	Seventh Child	Eighth Child
Surnames:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Names:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child's Gender:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is the child's relationship to you?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who gets the child benefit for them?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name and address of school or setting:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Is this nursery, primary, secondary, or private school?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Does your child attend full or part time?

Full time <input type="checkbox"/>	Full time <input type="checkbox"/>	Full time <input type="checkbox"/>	Full time <input type="checkbox"/>
Part time <input type="checkbox"/>	Part time <input type="checkbox"/>	Part time <input type="checkbox"/>	Part time <input type="checkbox"/>

Part 3 Declaration

I understand that:

I declare that the information that 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 the initial and ongoing entitlement to free school meals or if my entitlement stops.

I agree that you may use this information to let me know about other benefits that I am entitled to.

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

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

Please tick this box to declare that the information is accurate and to give permissions to the Benefits Services to check your eligibility for free school meals.

Claimant's name

Today's date

If this form has been filled in by someone other than the applicant please tell us why you are filling in this form for the applicant.

I declare that as far as possible I have confirmed with the applicant that the answers I have written on this form are correct.

Name of the person who filled in the form

Confirmation Date

Relationship to the person claiming

Telephone number
If possible (this helps us if we have a query)

Part 4 Extra space

Please use the space below for any additional information:

You have now reached the end of this online form.

You should have:

- Entered all the relevant information
- Read and confirmed that you agree with the declaration

If you have done the above, you may now submit the form using the 'Submit' button in the navigation panel