



Application for Free School Meals

The information given will be treated as strictly confidential.
This form when completed should be sent to the above address.

Incomplete forms will be returned

Director: Anthony Kemp

Please use **capital letters** throughout.
Benefit Claimant

Title: Mr/Mrs/Miss/Ms		National Insurance Number:	
Your Surname:		First Name(s):	
Address:			
Postcode			
Date of Birth: Mother		Father	Guardian
Home Telephone:		Mobile Telephone:	
Relationship to child(ren) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other		Email:	
Marital Status (Married/Widowed/Divorced/Separated/Single/Living with partner)			

FOR YOU AND YOUR SPOUSE: PLEASE TICK WHICH BENEFIT, IF ANY, YOU ARE CURRENTLY RECEIVING

- Income Support**
- Jobseeker's Allowance (Income-based)**
- An Income-Related Employment and Support Allowance**
- Child Tax Credit** (provided you are **not receiving Working Tax Credit**) and the household has an annual taxable income, as assessed by the Inland Revenue, of **less than £16,190** from 6 April 2012
- Guaranteed element of State Pension Credit**
- Financial support, in accordance with the Immigration and Asylum Act 1999, from the **National Asylum Support Service (NASS)** or the Council's Asylum and Resettlement Team - please provide a letter from NASS.

About your children

Details of children for whom application is made

Office use
only

Surname	First name(s)	Date of birth	Name of School	Boy/Girl	I/D No.

Names of other children (including adopted children) living at home, for whom you receive Child Benefit

Surname	First name(s)	Date of birth	Name of School	Boy/Girl	I/D No.

For Office use only

Number of children entitled: _____

From _____ to _____ Acknowledged by _____

PLEASE TICK APPROPRIATE BOX AND SIGN DECLARATION

Monitoring Information 2011

The Council needs your help to collect relevant data to understand who is using Council services. The data will be used to improve information and access to services. These questions are optional and you do not have to provide this information but the data collected will help us to match needs and services better. The data cannot be traced back to you. It will be kept confidential and it will be used to inform strategy and impact assessments and improve the quality of our services.

Data Protection

This Authority is under a duty to protect the public funds it administers and to this end may use the information you have provided on this form within this Authority for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes.

Individuals will not be identified and the council will be careful about collecting, storing, analyzing and publishing data. The information supplied on this form will be held on computer by this Authority and will be subject to the terms of the Data Protection Act 1998

Thank you for completing this questionnaire.

Please choose one option from each of the section listed below and then tick or place an X in the appropriate box.

C. Your ethnic group

(These are based on the Census 2001 categories, and are listed alphabetically)

Asian, Asian British, Asian English, Asian Scottish, or Asian Welsh

- Bangladeshi
- Indian
- Pakistani
- Any other Asian background (specify if you wish) _____

Black, Black British, Black English, Black Scottish, or Black Welsh

- African
- Caribbean
- Any other Black background (specify if you wish) _____

Chinese, Chinese British, Chinese English, Chinese Scottish, or Chinese Welsh, or other ethnic group

- Chinese
- Any other ethnic background (specify if you wish)

Mixed

- White and Asian
- White and Black African
- White and Black Caribbean
- White and Chinese
- Any other Mixed background (specify if you wish) _____

White

- British
- English
- Irish
- Scottish
- Welsh
- Any other White background (specify if you wish) _____

Declaration

To be signed by both parents/partner/guardians. If this is not possible (e.g. one parent family) the fact should be stated.

IF YOUR FORM IS INCOMPLETE YOUR APPLICATION WILL BE RETURNED TO YOU FOR COMPLETION

I/we hereby declare that the information on this form is correct.

I/we undertake to notify the Council immediately my/our benefit stops.

I/we authorise the LA to check the details with the benefit office.

Signed _____ (Mother/stepmother/Guardian) Date _____

Signed _____ (Father/stepfather/Guardian) Date _____