

## APPLICATION FOR FREE SCHOOL MEALS

Free School Meals are only available to those pupils whose parent/guardian receive one of the following;

- Income Support
- Income Based Job Seekers Allowance
- Guarantee element of State Pension Credit
- Child Tax Credit with no Working Tax Credit and have an income, as assessed by the Inland Revenue that does not exceed £14,495.00
- Support under Part IV of the Immigration & Asylum Act 1999.

Children who attend Nursery Schools, Independent Schools or Colleges that provide specific Post -16 courses are not entitled to receive free school meals.

You MUST provide evidence with this form to confirm that you receive one of the qualifying benefits:

| If you receive:   | Please ensure you attach to this application form:   |
|---|--|
| Income Support  | Your entitlement letter from the JobCentre Plus (DWP) or take this form to the JobCentre Plus for <b>Section 2</b> to be completed     |
| Income Based Job Seekers Allowance  | Your entitlement letter from the JobCentre Plus (DWP) or take this form to the JobCentre Plus for <b>Section 2</b> to be completed     |
| Guarantee element of State Pension Credit   | Your Pension Credit M1000 Award Notice or take this form to the JobCentre Plus for <b>Section 2</b> to be completed                    |
| Child Tax Credit (with <b>no</b> Working Tax Credit and Annual income of less than £14,495.00 | Your <u>most recent</u> Tax Credits Award from HM Revenue & Customs plus documentary evidence of any other income/benefits you receive |
| Support under Part IV of the Immigration & Asylum Act 1999.                                   | Contact the Equality and Diversity Service on 01924 303677   |

**If your circumstances change, i.e. your benefits cease or you start receiving Working Tax Credit, you must tell us immediately.** If you do not tell us and your child(ren) continue to receive free school meals whilst not entitled, you will be asked to pay for those meals provided free.

## Section 1

- Is this your first application? Yes  No

### DETAILS OF PARENT/GUARDIAN MAKING THE CLAIM

- Your Last Name:  Mr  Mrs  Miss  Ms

Your First Name(s)  Relation to Pupil:

National Insurance Number:

Please indicate whether Married/Separated/Divorced/Widowed/Single/Living with your partner:

single  separated  divorced  married  widowed

living with your partner

Your full current home address and postcode:

|            |   |
|------------|---|
| Post Code: | Telephone Number:<br>(to include area code) |
|------------|---|

- Your husband, wife or partner's name if he or she lives with you:

Last Name:  First Name:

| Full names of all children who live with you |         | Boy or Girl | Dates of Birth | Name of School attended on a full-time basis |
|--|---------|-------------|----------------|--|
| First Name                                   | Surname |             |                |  |
|  |         |             |                |  |
|  |         |             |                |  |
|  |         |             |                |  |
|  |         |             |                |  |
|  |         |             |                |  |
|  |         |             |                |  |

How much Child Benefit do you get each week? £  per week

## Section 2

### To be completed by DWP/JobCentre Plus

I/We confirm that (please insert name)  is in receipt of:

Income Support/Income Based Job Seekers Allowance/Guarantee element of State Pension Credit  
(please delete as appropriate)

Amount of weekly benefit: £

SIGNED:

DATE:

OFFICIAL STAMP

## Section 3

### DECLARATION (To be signed by parent/guardian)

**I DECLARE THAT THE EVIDENCE GIVEN ON THIS FORM IS TRUE, I WILL TELL YOU IF MY BENEFITS STOP OR IF I START RECEIVING WORKING TAX CREDIT**

SIGNED:

DATE:

### DATA PROTECTION ACT 1998

The City of Wakefield Metropolitan District Council will use the information given on this form for the purpose of processing your application for free school meals. We are under a duty to protect the public funds we handle and may use the information you provide to prevent and detect fraud. We may also share this information for the same purposes, with other organisations which handle public money. This information may include details about your health and ethnic origins.

Thank you for filling in this form. Please make sure you have given us the necessary proof of your income and completed the declaration in **Section 3** above. If you need any help please ring us on 01924 305628 or 01924 305061.

Please send the form to:

**Family Services  
Pupil and Student Support Group  
County Hall  
WAKEFIELD WF1 2QL**

### FOR OFFICE USE ONLY

Documentary evidence seen:

Returns sticker

Designation, e.g. EWO, School Secretary, PSS Officer:

Date:

Ref No: