APPLICATION FOR FREE SCHOOL MEALS

Did you know….your school will receive Pupil Premium funding for each child if they are eligible for Free School Meals.
Complete this form and return to your child's school to apply.

DETAILS OF APPLICANTS CLAIMING BENEFITS (PARENTS/GUARDIANS)

	Parent One	Parent Two
Title		
Full Name (**Legal Forename & Surname**)		
Date of Birth (**DD/MM/YYYY**)		
National Insurance Number or National Asylum Support Service Reference Number (NASS No)		
Relationship to child(ren)		
Home Address (incl. postcode)		
Mobile Number		
Email Address		

DETAILS OF ALL DEPENDENT SCHOOL-AGED CHILDREN

Surname	Forename	Current School	Year

DECLARATION BY APPLICANT

I am currently claiming under: (tick applicable)

- Income Support ☐
- Income Based Jobseeker Allowance (IBJSA) ☐
- Employment & Support Allowance (Income Related) (ESA(IR)) ☐
- Support under Part VI of the Immigration and Asylum Act 1999 ☐
- Child Tax Credit and my family income is below £16,190. I am **NOT** receiving working tax credit ☐
- Guarantee Element of State Pension Credit (M1000 Award Notice) ☐
- Universal Credit and my family's net income excluding any benefit payments is less than £7,400 ☐
- None of the above. I am registering for the Universal Free School Meal (my child is in Reception, Yr 1 or Yr 2) ☐

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 to inform the school of any change in my circumstances.

Signature of Applicant _____ Date _____/ _____/ _____

DATA PROTECTION ACT 2018

The information which you give on this form will be used in accordance with the Data Protection Act 2018 and for the following purposes: to enable the organisation to create an electronic and paper record of your application; to enable the application to be processed; to enable the organisation to compile statistics, or to assist other organisations to do so, provided that no statistical information that would identify you as an individual will be published. The information will be kept securely, and will be kept no longer than necessary. For more information, visit www.slough.gov.uk/yourprivacy.

TO BE COMPLETED BY THE SCHOOL OFFICE

Date form entered on to school master spreadsheet and SIMS (or equivalent) ____ / ____ / ____

Entered by _____

Application Outcome (if Found/Eligible enter ✓, if Not Found/Not Eligible enter ✗, if on Transitional Protection enter '**TP**')

Year	Reception	1	2	3	4	5	6
Date							
Outcome							

Year	7	8	9	10	11	12	13
Date							
Outcome							