

# Free School Meal Application Form

Email: [freeschoolmeals@brighton-hove.gov.uk](mailto:freeschoolmeals@brighton-hove.gov.uk)

Post: School Meals Team, 1<sup>st</sup> Floor Hove Town Hall, Norton Road, Hove, BN3 3BQ

Telephone: 01273 293497



**If you are in receipt of working tax credit you will not be eligible to apply for Free School Meals**

Children whose parents/carers receive the following are entitled to receive free school meals:

- ✓ **Income Support**
- ✓ **Income based Job Seekers Allowance**
- ✓ **Child Tax Credit** (provided you're not also entitled to Working Tax Credit) and have an annual gross income of no more than £16,190)
- ✓ **Working Tax Credit run-on** –paid for 4 weeks after you stop qualifying for Working Tax Credits

- ✓ The **Guarantee** element of Pension Credit
- ✓ **Income- related employment and support allowance**
- ✓ **Support under PartVI of the Immigration & Asylum Act 1999**
- ✓ **Universal Credit**

*Children who receive a benefit in their own right are also entitled to receive free school meals*

## Details Parent/Carer with qualifying benefit – COMPLETE IN BLOCK LETTERS

|   |            |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| National Insurance Number:                  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date of Birth (dd/mm/yyyy)                  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Surname/Family Name: (as on benefit letter) |            |  |  |  |  |  |  |  |  |  |  |  |  |  |
| First Name:                                 |            |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Address:                                    |            |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | Post Code: |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Daytime Number:                             | Mobile:    |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Email:                                      |            |  |  |  |  |  |  |  |  |  |  |  |  |  |
| National Asylum Seeker Number:              |            |  |  |  |  |  |  |  |  |  |  |  |  |  |

## Details of the Child/Children requiring Free School Meals

| Surname | First Name | M/F | Date of Birth | School |
|---------|------------|-----|---------------|--------|
|         |            |     |               |        |
|         |            |     |               |        |
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|         |            |     |               |        |
|         |            |     |               |        |
|         |            |     |               |        |

## Declaration

I declare that the information given on this form is true and complete and I undertake to inform the school if my entitlement to one of the qualifying benefits is terminated. I understand that I will be liable for any costs incurred in providing free school meals for my child(ren), should I fail to inform the school of the termination of my benefit.

I agree that you will use the information I have provided to process my claim for free school lunches and will contact other sources as allowed by law to verify my initial, and ongoing, entitlement to free school lunches.

I have read and I understand the above declaration.

Signature \_\_\_\_\_ (Parent/Guardian) Date \_\_\_\_\_

This information will be used by the council to check for eligibility for free school meals and to claim additional grant money (the 'pupil premium') from central government. It will be used for no other purposes and will remain confidential to the council. There may also be other benefits for your child offered by your school – please ask your school.

**FOR OFFICE USE ONLY**

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