

CONFIDENTIAL

APPLICATION FOR ADDITIONAL GRANTS

Please read carefully. All applicants must complete all sections.

I wish to apply for Free School Meals

Please complete sections A,B,C,D

SECTION A: PERSONAL DETAILS (Please complete in block capitals)

SURNAME FIRST NAME MR/MRS/MISS/MS

NATIONAL INSURANCE NO. DATE OF BIRTH

ADDRESS

.....

POSTCODE TELEPHONE NO.

RELATIONSHIP TO CHILD(REN) E.G. PARENT/GUARDIAN

SECTION B

Please give details of your child(ren).

| Child's Name | Child's Date of Birth | Name of School |
|--------------|-----------------------|----------------|
| | | |
| | | |
| | | |
| | | |

SECTION C

Please tick any box below if you are in receipt:

- Income Support Income-based Jobseekers Allowance Income-related Employment and Support Allowance
- Support under Part VI of the Immigration and Asylum Act 1999 The guaranteed element of State Pension Credit
- 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 Credit Universal Credit

SECTION D – Declaration of parent / guardian

I declare that the information given on this form is correct to the best of my knowledge and I agree to inform the school immediately of any changes which may affect my entitlement. I agree that the school will use the information I have provided to process my claim for any grants and will contact other sources as allowed by law to verify my initial and ongoing entitlement.

Signed **Date**

Important: The personal information you provide will be used for the purpose of processing this application form and will be in accordance with the principles of the Data Protection Act 1998. The school will access the D of E Eligibility Service to confirm entitlement to Free School Meals. The school may seek proof of entitlement in the event that the CES does not indicate eligibility.