Free School Meals Application Form

All parents and guardians whose children go to school in Tower Hamlets, and in order to qualify for free school meals, are asked to complete and return this form to their school as soon as they become eligible. The school will then confirm whether the school is entitled to claim the Pupil Premium for your child. Any qualifying family that registers their eligibility by simply completing this form will help support their school in this way and also benefit directly from additional support offered to children in receipt of Free School Meals.

All parents/guardians are asked to complete ALL sections of this form using black ink and in BLOCK CAPITALS. Please return this application directly to your child’s school which will then be processed in confidence.

|  |  |
| --- | --- |
| **Name of School** |  |

1 – **CHILD/CHILDREN’S DETAILS** (please include any other children in the family receiving free school meals who are indifferent year groups, or at different schools)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child’s surname** | **Child’s first name** | **Date of birth** | **Sex M/F** | **Name of school child is currently attending** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

2 - **PARENT/GUARDIAN DETAILS**

|  |  |  |
| --- | --- | --- |
|  | **Parent/Guardian 1** | **Parent/Guardian 2** |
| **Surname/family name** |  |  |
| **First Name** |  |  |
| **Date of Birth** |  |  |
| **National Insurance Number** |  |  |
| **National Asylum Support Service (NASS) Number** |  |  |
| **Daytime telephone number** |  |  |
| **Parent/guardian’s current address** |  |  |
| **Please provide your old address if you have moved in the last year** |  |  |

3 - **FAMILY INCOME AND BENEFIT DETAILS**

Please (x) the type of benefit/s you receive:

[ ]  Working Tax Credit

[ ]  Income Support

[ ]  Income-based Jobseeker’s Allowance

[ ]  Income-related Employment and Support Allowance

[ ]  Support under Part VI of the Immigration and Asylum Act 1999

[ ]  The guaranteed element of 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 - if you apply on or after 1 April 2018 your household income must be less than £7,400 a year (after tax and not including any benefits you get)

4 – **MEAL PREFERENCE AND SPECIAL DIETARY REQUIREMENTS**

Please (x) if you feel your child/children will take a free school meal from September [ ]

If your child has any special dietary requirements we will do all we can to provide a suitable meal for them. To enable this to happen please (x) the box below and be sure to attach the necessary supporting documents to confirm these needs form your GP or Community Dietitian. Without this document being provided we will be unable to process your request.

My child/children have a medically confirmed dietary need [ ]

Child’s name (s): ……………………………………….

5 - **DECLARATION**

The information I have given on this form is complete and accurate. I agree to notify the local authority in writing of any change in circumstances which could discontinue the entitlement of my child/children to receive a free government funded school meal.

I agree for the local authority to use the information I have provided to process my application for free school meals and the pupil premium for my child’s school.

Signature of parent/guardian ………………………………….

Date………………………………