

RBWM APPLICATION FOR FREE SCHOOL MEALS

PART A: Complete part A only and return to your child's school.

DETAILS OF PERSON CLAIMING BENEFITS (PARENT/CARER)					
Title (Mr/Mrs/Miss/Ms)	Surname	Other Names	Date of Birth		
			YYYY	MM	DD
Current Address (including postcode)		National Insurance Number or National Asylum Support Service Reference Number (NASS No)			
		Relationship to child(ren)			

DETAILS OF ALL DEPENDENT SCHOOL-AGED CHILDREN		
Surname	Other Names	School attended at present

DECLARATION BY APPLICANT	
Your child may be able to get free school meals if you receive any of the following.	
I am currently claiming (tick applicable):-	
Income Support	<input type="checkbox"/>
Income Based Jobseeker Allowance	<input type="checkbox"/>
Employment & Support Allowance	<input type="checkbox"/>
Support under Part VI of the Immigration and Asylum Act 1999	<input type="checkbox"/>
The Guaranteed element of State Pension Credit	<input type="checkbox"/>
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)	<input type="checkbox"/>
Working Tax Credit run-on – paid for 4 weeks after you stop qualifying for Working Tax Credit	<input type="checkbox"/>
Universal Credit	<input type="checkbox"/>
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. I agree to inform the school of any change in my circumstances.	
Signature of Applicant _____ Date ____/____/____	

Information contained in this form is personal data which may be held on a computer and is therefore subject to the Data Protection Act 1998.

TO BE COMPLETED BY THE SCHOOL OFFICE

Date form received by school ____ / ____ / ____ Checked by _____

Application Outcome (if found enter ✓, if Not found enter ✕)

Year	Reception			1			2			3			4			5			6		
Date																					
Outcome																					