

FREE SCHOOL MEAL & PUPIL PREMIUM APPLICATION FORM

CHILDREN WHOSE PARENTS/CARERS RECEIVE ONE OF THE FOLLOWING BENEFITS ARE ENTITLED TO FREE SCHOOL MEALS AND WILL GENERATE PUPIL PREMIUM FOR THEIR SCHOOL:

- ✓ **Income Support (IS)**
- ✓ **Income-based (not contribution-based) Job Seeker's Allowance (IBJSA)**
- ✓ The guaranteed element of the **State Pension Credit.**
- ✓ **Income-related employment and support allowance**
- ✓ **Support under Part VI of the Immigration and Asylum Act 1999**
- ✓ **Universal Credit** with an annual net earned income of no more than £7,400
- ✓ **Child Tax Credit** (with no Working Tax Credit) with an annual income of no more than £16,190
- ✓ Where they are entitled to Child Tax Credit and also Working Tax Credit during the four-week period immediately after their employment ceases, or after they start to work less than 16 hours per week, their children are entitled to free school meals.

Children who receive IS or IBJSA in their own right are also entitled to receive free school meals.

Administration for the provision of free school meals is undertaken by the school in conjunction with Buckinghamshire County Council.

THIS FORM SHOULD BE COMPLETED AND RETURNED TO THE FINANCE OFFICE.

I. DETAILS OF PARENT/CARER WITH QUALIFYING BENEFIT – COMPLETE IN BLOCK LETTERS

SURNAME/FAMILY NAME as it appears on your benefit letter:

FORENAME: **TITLE:** **DATE OF BIRTH:** dd/mm/yyyy

NATIONAL INSURANCE NUMBER

OR

NATIONAL ASYLUM SEEKER NUMBER

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ADDRESS

POST CODE

DAYTIME TEL. NO(s)

2. DETAILS OF THE CHILD/CHILDREN

Surname/Family Name	Forename	Date of Birth	Name of School

3. 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 the results of any free school meal eligibility check may also be used to assess my entitlement to other support/benefits, including free travel to school. *The remainder of this declaration does not apply to pupils in Reception, Year 1 or Year 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 to free school meals. I understand that I may 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 have read and I understand the above declaration.

SIGNATURE _____ (Parent/Guardian) **DATE** _____