

TO QUALIFY FOR FREE SCHOOL MEALS YOU MUST BE RECEIVING ONE OF THE BENEFITS LISTED UNDER PART 3 OF THIS FORM.

PLEASE DO NOT COMPLETE THIS FORM IF YOU RECEIVE WORKING TAX CREDIT AS YOU ARE NOT ENTITLED TO RECEIVE FREE SCHOOL MEALS

PART 1 – DETAILS OF PARENTS/GUARDIANS

Full name and address of person **who has parental responsibility** for all children included on this form.

Mr/Mrs/Miss/Ms	Date of Birth (dd/mm/yy)
Address	
Postcode	Telephone Number

National Insurance Number

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PART 2 – DETAILS OF CHILDREN IN THE FAMILY

Please name all children who are in **FULL TIME ATTENDANCE** at school and for whom you are applying for Free School Meals.

Child's Surname	Child's First Name	Date of Birth	Name of School
			Flegg High School

PART 3 – ABOUT THE BENEFIT YOU ARE RECEIVING. ARE YOU RECEIVING

- a) **Income Support?** Yes No
- b) **Employment Support Allowance (Income Related)** Yes No
- c) **Income Based JSA?** Yes No
- d) **Guaranteed Pension Credit?** Yes No
- e) **Child Tax Credit and your income (as calculated by the Inland Revenue) is less than £16,190** Yes No

PLEASE NOTE:

Even if you have answered 'Yes' to question e) but you also receive WORKING TAX CREDIT you do not normally qualify for free meals. Parents entitled to Working Tax Credit during the 4 week period immediately after employment ceases, or after they reduce the working hours to less than 16 hours are entitled.

f) **Are you receiving support under Part VI of the Immigration and Asylum Act of 1999** Yes No

You do not need to provide proof of the benefit you receive at this stage. A check will be made against records held by the Department for Work and Pensions, HM Revenue and Customs and the Home Office to determine entitlement. Following this check, if further information is required in support of your application you will be contacted.

PART 4 - DECLARATION TO BE SIGNED BY THE CLAIMANT

I certify that the information given above is to the best of my knowledge and belief correct and I undertake to notify the County Council if the benefit I receive ceases. I understand that the County Council may verify any of the information provided. 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 the law to verify my initial, and on going, entitlement. I **understand** that the results of any free school lunch eligibility check may also be used to assess my entitlement to receive free travel to school.

Signed:	Date:
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Please return this form to the School or to Free School Meals, Room 7, County Hall, Martineau Lane, Norwich, NR1 2DL

DATA PROTECTION ACT - The information provided on this application will be subject to the Data Protection Act 1998. The Children's Services Department will hold the information for use on processing your application for Free School Meals. We may also use the information to provide additional support by passing it, together with attainment information, to other learning establishments attended by the child. Information may be shared with other agencies for purposes including detection and prevention of fraud. Data will be passed to schools who will use the information to provide the allowance. All information will be held in the strictest confidence. Data will be held for up to 5 years.

For office use:

Date Input:

Parent Notified:

Expiry Date: