

APPLICATION FOR FREE SCHOOL MEALS AND/OR SCHOOL CLOTHING GRANT

PLEASE COMPLETE IN BLOCK CAPITALS

1. DETAILS OF PARENT/LEGAL GUARDIAN

Surname First Name(s)

Title (Mr/Mrs/Miss/Ms) Contact Tel No.

Address

 Postcode

2. DETAILS OF BENEFITS RECEIVED

Please complete the following details and indicate which benefit you and your partner (if applicable) are receiving:

Your details:

Surname First Name (s) Date of Birth National Insurance Number

Your partner's details:

Surname First Name (s) Date of Birth National Insurance Number

BENEFIT RECEIVED	YOU	PARTNER	Proof seen/hub checked
Income Support			
Income based Jobseekers Allowance			
Income-Related Employment and Support Allowance			
Child Tax Credit and income of less than £16,190			
Guarantee element of State Pension Credit			
Support under part VI of the Immigration & Asylum Act			
WORKING TAX CREDIT (PROOF REQUIRED) – INCOME LESS THAN £16,190			

**Proof of your entitlement to Working Tax Credit MUST BE PROVIDED WITH THIS APPLICATION.
PLEASE PROVIDE YOUR 2010/2011 TAX CREDIT AWARD NOTICE**

FOR OFFICE USE ONLY

ELIGIBLE FOR

FSM/CA	FSM	CA
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 FSM START ASSESSED

4 WEEK GRACE FSM ENDED LETTER SENT

QUERY/NOTE: _____ REF NO: _____

3. DETAILS OF CHILDREN IN THE FAMILY

Please include in the boxes below, details of all dependent children who are living with you and are in full-time attendance at school.

FIRST NAME	SURNAME	DATE OF BIRTH	MALE/ FEMALE	NAME OF SCHOOL

5. DECLARATION TO BE SIGNED BY ALL APPLICANTS

I declare that all of the information on this form and associated documents is true to the best of my knowledge and belief. I undertake to inform Sefton Children’s Services Committee **immediately of any change in circumstances set out herein**. I agree to supply any additional information that may be required. I accept that you must protect the public funds you handle and so you may use the information I have provided on this form to prevent and detect fraud. You may also share this information, for the same purposes with other organisations, which handle public funds. I understand that to give false information may result in prosecution.

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. I understand that the results of any free school meal eligibility check may also be used to assess my entitlement to receive any additional benefits that may be available to me.

SIGNATURE DATE

ANY QUERIES, PLEASE CONTACT:

SCHOOL ADMISSIONS & PUPIL SUPPORT
 CHILDREN, SCHOOLS & FAMILIES
 BOOTLE TOWN HALL
 ORIEL ROAD L20 7AE
 ☎: 0151 934 3456
 ✉: benefits@cs.sefton.gov.uk
 🌐: www.sefton.gov.uk

