

Sheffield City Council

Application for Free School Meals

Please complete this form in BLOCK CAPITALS

Parent / Guardian Details

| | You | YOUR SPOUSE / PARTNER (OPTIONAL) |
|---------------------------------------|----------------------|-------------------------------------|
| | Mr / Mrs / Ms / Miss | Mr / Mrs / Ms / Miss |
| First Names | | |
| Surname | | |
| Date of Birth | | |
| National Insurance No. or NASS No. | | |

Address: _____

Post Code: _____ Telephone No.: _____

Relationship of Applicant to Pupil(s): _____

Child / Children's Details

Please enter below the names of each dependent child who is:

- a) living at home and is UNDER 16 or
- b) is OVER 16 and IN FULL TIME EDUCATION at school

| NAMES (IN FULL) | DATE OF BIRTH | NAME OF SCHOOL ATTENDING |
|-----------------|---------------|--------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Please tick the benefit you receive for your child / children

✓

Child Tax Credit with **no Working Tax Credit**

Income Support

Income Based Job Seekers Allowance

Income Related Employment and Support Allowance

Guaranteed Element of State Pension Credit

Support under Part VI of the Immigration & Asylum Act 1999

I have an income below £16,190 (as assessed by Her Majesty's Revenue & Customs) **with no Working Tax Credit**

Please Note

- ♦ Sheffield City Council has the facility to check benefit entitlement. This means that you do not need to send proof at this stage, however if we are unable to establish your entitlement we may request documentary evidence.
- ♦ You will **NOT** qualify if you are in receipt of Working Tax Credits.
- ♦ You will be charged for all meals taken prior to receipt of this form.

I certify that the information given by me regarding income/benefits is correct to the best of my knowledge and belief.

I authorise Sheffield City Council to use the information I have provided to process my claim for free school meals and to contact other sources as allowed by law to verify my initial and ongoing entitlement. It will not be shared with any other parties.

I will inform Free School Meals Administration and my child's school immediately if I lose my entitlement to any of the named incomes above and if my circumstances change. I will become liable for payment of any free school meals taken by my child / children to which they are not entitled.

Signature of Applicant: _____

Date: _____

Completed forms should be returned to:

Children, Young People and Families

Free School Meals Administration

Howden House

1 Union Street

Sheffield

S1 2SH

Telephone: 0114 **273 5705** or 0114 **273 6401**

FOR OFFICE USE ONLY

Claim checked on ECS:

Found ✓

Not found X

Date input amended: _____

Officer: _____