

APPLICATION FOR FREE SCHOOL MEALS

Complete and return to Hill View School. We will confirm your free school meal entitlement, in writing. Your child should not take a FREE school meal until we have confirmed your entitlement.

Please ensure the form is completed in full and signed by the parent/guardian.

The relevant support payments are:-

- Income Support (IS)
- **Income Based** Job Seekers Allowance (please note this must be Income Based not just Job Seekers)
- Support under part IV of the Immigration & Asylum Act 1999
- State Pension Credit as assessed by the "Pension Credit M1000 Award Notice"
- Employment and Support Allowance (ESA) – ESA (IR) will be eligible but ESA (C) will not be eligible
- Child Tax Credit with an annual income "as assessed by the Inland Revenue" that does not exceed £16190 (April 2013) (the parent/guardians must not have **Working Tax Credit**)

If you are in paid employment and/or in receipt of **Working Tax Credit**, it is unlikely that you will be entitled to free school meals.

Parent/Guardian details:	Title
Surname :	First Name:
Address	Post Code:
<u>Parent Date of Birth:</u>	<u>Parent National Insurance Number:</u>

Please give details of each child attending Hill View School (do not include children attending other schools).

CHILD'S FULL NAME	CHILD'S DATE OF BIRTH	ADDRESS (If different from above)

Which benefit are you in receipt of:	√	Dated from:	Dated to:
Income Support (IS) or ESA (IR)	√		
Job Seekers (Income Based)			
Immigration & Asylum Act			
Child Tax Credit with the annual income for tax credit purposes is within this year's threshold figure			
'Guarantee' element of State Pension Credit			

I declare that the particulars stated on this form are correct and that I am in receipt of one of the relevant support payments for free school meals. 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 undertake to notify the school immediately I cease to receive or have any changes to the relevant support payment (please note that you will be required to meet the cost of any free meals provided after the date you cease to receive entitlement).

Signature.....

Date.....