

## APPLICATION FORM FOR FREE SCHOOLS MEALS (NEW APPLICANT)

START DATE FOR FREE SCHOOL MEALS:     /     /     



**PLEASE NOTE:** Free School Meals can only be awarded if Parents/carers are in receipt of:  
INCOME SUPPORT / INCOME BASED JOB SEEKERS ALLOWANCE / INCOME RELATED  
 EMPLOYMENT SUPPORT ALLOWANCE / CHILD TAX CREDIT providing your annual income is  
 less than £16,190 / GUARANTEE ELEMENT OF STATE PENSION CREDIT / SUPPORT UNDER  
 PART VI OF THE IMMIGRATION & ASYLUM ACT 1999.

ONLY ONE APPLICATION IS REQUIRED PER FAMILY

Name of parent/carer (excluding foster parents)									
Mr/Mrs/Miss/Ms	Forenames	Surname							
Date of Birth of parent/carer:									
National Insurance Number of parent/carer:									
Home Address:									
Postcode:					Telephone Number:				
Relationship to Pupil: (Mother, Father, Guardian etc):									

Please give details of ALL dependent children living at home and who are attending primary or secondary school including any younger children due to start school during the next term. However, it should be noted that pupils are only eligible to receive a free meal when they are required to attend for a full school day.

Forenames (Children)	Surname	Date of Birth	Year Group in Sept 2010 (1,2,3 etc)	Name of School

At this point there is no need for you to send in any evidence of the benefits you are claiming as we should be able to check this through the Department for Education's (DFE) (Free School Meal eligibility checking service) and/or the information held by the Department for Work & Pensions (DWP). However, in order for us to do so you need to sign in the box below.

**I authorise Wiltshire Council to confirm with the DFE and/or the DWP (via the internet / telephone or fax) my entitlement to Income Support, Income Based Job Seekers Allowance or Income Related Employment Support Allowance, Child Tax Credit, Working Tax Credit & Support under part VI of the Immigration & Asylum Act 1999.**

**I certify that the information given on this application form is to the best of my knowledge and belief correct.**

**I WILL NOTIFY THE COUNCIL IMMEDIATELY OF ANY CHANGES OR IF MY BENEFIT CEASES.**

<b>Signature of applicant:</b>	<b>Date:</b>
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**It should be noted that in some cases it is not possible to confirm entitlement via the information held by the DFE or the DWP. In that event we will write to you and request that you send in documents to support the application.**

**The completed form should be returned to the Head Teacher or to:  
The Director of Children & Education, Wiltshire Council, Student Finance Team, County Hall, Trowbridge, Wiltshire BA14 8JN.**

From: _____ To: _____
Parent notified
School notified
Entered on system