

GLADESMORE COMMUNITY SCHOOL APPLICATION FORM FOR FREE SCHOOL MEALS



Please complete and email this form along with your benefit documents to:

freeschoolmeals@gladesmore.com

Please do not submit the form without your proof of benefit documents.

This form should be returned to
Gladesmore Community School by:

Please read all the information carefully before completing the reverse of this form.

Who is Eligible?

In order to be eligible, you **MUST** provide one of the following benefits:

(No more than 3 months old)

- Income Support
- Income Based Jobseekers Allowance
- Income-related Employment and Support Allowance
- Support under Part VI of the Immigration and Asylum Act 1999
- The Guaranteed Element of State Pension Credit
- Child Tax Credit **only**, and have an annual income of no more than £16,190
- Universal Credit—If you apply on or after 1st April 2018 your household income must be less than £7,400 a year (after tax and not including any benefits you get)

Is Evidence of Benefit Entitlement Required?

You **MUST** provide evidence of your benefit when you submit this form.

If you cannot provide the benefit letter, a bank statement showing the benefit that you receive can be accepted.

Is this your first application at Gladesmore School?

If this is the first application you **must** also provide a copy of your **child's birth certificate**. You must ensure, therefore, that all the details you give on this form is accurate and clearly written.

Occasionally we may write to you to request certain evidence.

For more information about free school meals, please telephone Ms Safak on 0208 800 0884.

Please note that if you **are** receiving **Working Tax Credits** you **WILL NOT** be entitled to Free School Meals for your child/children **unless** your entitlement to Working Tax Credits is being paid to you in the four week period after your employment has ceased. If this is the case, then a free school meal can be provided for that four week period once you provide your Tax Credit Decision Notice from HMRC.

DETAILS OF PARENT OR CARER Please fill in your details in the spaces provided below

Surname:	Mr/Mrs/ Miss/Ms		
First name:			
National Insurance No.:			
Date of Birth:	<u>DAY</u> / <u>MONTH</u> / <u>YEAR</u>	HOME ☎	
NASS Reference: (where applicable)		EMAIL ✉	
Address:			
Post Code:			

IS YOUR CHILD CURRENTLY IN YEAR 6? Yes No

DETAILS OF CHILDREN FOR WHOM YOU ARE CLAIMING FREE MEALS

In the space provide below, please give the details of your child or children attending Gladesmore for whom you are claiming free school meals.

First Name:	Surname:	Date of Birth:
		<u>DAY</u> / <u>MONTH</u> / <u>YEAR</u>
		<u>DAY</u> / <u>MONTH</u> / <u>YEAR</u>
		<u>DAY</u> / <u>MONTH</u> / <u>YEAR</u>
		<u>DAY</u> / <u>MONTH</u> / <u>YEAR</u>
		<u>DAY</u> / <u>MONTH</u> / <u>YEAR</u>

DECLARATION TO BE SIGNED BY THE PARENT(S*) or CARER(S*) (*as applicable)

I confirm that the information given in this form is true and complete. I accept that you will retain my details to check eligibility for free school meals and that you may:

- Use this information to prevent fraud
- Share this information with other departments who deal with public funds

I will inform the Gladesmore Community School at once if my entitlement stops and I will pay for any meals taken from the date on which entitlement of benefit ceases.

I understand that I may be prosecuted if I give false information or fail to notify Gladesmore Community School when benefits stops.

I give Gladesmore Community School permission to verify my claim for Free School Meals from the records of other Council Departments and Department for Education's Eligibility Checking Service (HUB).

Parent/Carer's Signature:	Date: <u>DAY</u> / <u>MONTH</u> / <u>YEAR</u>
------------------------------	--

FOR OFFICE USE ONLY

Start date:	HUB CHECK: <input type="checkbox"/>	CARD ISSUED: <input type="checkbox"/>	SIMS: <input type="checkbox"/>
Signed:	Date:		