

TRAFFORD COUNCIL FREE SCHOOL MEALS APPLICATION FORM

For your child/children to be entitled to Free School Meals, you must receive one of the following benefits: Please tick the benefit you receive: (see attachment for eligibility)

- Income Support (IS)
- Income Based Job Seekers Allowance (IBJSA)
- Support under Part VI of the Immigration and Asylum Act 1999
- Child Tax Credit provided they are not entitled to Working Tax Credit and whose annual income (as assessed by the Inland Revenue) does not exceed the current annual figure £16,190 (subject to annual review)
- Guarantee element of the State Pension Credit

You **WILL NOT BE** entitled to Free School Meals if you are receiving **Working Tax Credit**.

Please note Free School Meal claims WILL NOT be back dated. Entitlement will start from the Monday following receipt of this form.

Child/children must be: In full time education and under 19 years of age and attend a Local Authority Maintained school

Have you claimed Free School Meals before? Yes / No

Details of Parent or Guardian		
Surname***	First name	Mr/Mrs/Miss/Ms

Home Address	
	Postcode:
Home Telephone Number:	Mobile:
National Insurance Number:***	
Your date of birth:***	Relationship to child/children you are claiming for:

*** These are compulsory fields and if not supplied can cause delays with your application.

Have you changed your address in the last 9 months? Yes / No

TRAFFORD COUNCIL FREE SCHOOL MEALS APPLICATION FORM

If YES please give previous address

Postcode:

Which date did you move from this address?

Is there a second Parent or Guardian at your address? Yes / no

If YES please complete the following details

Second Parent / Guardian's name:

Relationship to child / children:

Second parent / Guardian's date of birth:

Second Parent/Guardian's
National Insurance Number:

Details of ALL children living with you INCLUDING those under school age

	Child's Name	Boy/Girl	Date of Birth	Name of School
1				
2				
3				
4				
5				
6				
7				
8				

Declaration

I certify that I am in receipt of an eligible benefit to receive Free School Meals. I certify that the information I have given is correct to the best of my knowledge and belief. I understand that I must inform Free School Meals immediately if my circumstances change. I understand that the Local Authority may share this information with other organisations handling public funds. I also give my consent to Trafford Council to check my details on the Government Eligibility Site.

Signature of Parent / Guardian.....

Date

RETURNING THE FORM

Please return this form to:

Free School Meals, Access Trafford, Waterside House, Sale Waterside, Sale, M33 7ZF
Direct Telephone: 0161 912 3265 E-mail: freeschoolmeals@trafford.gov.uk Fax: 0161 912 3317