Free School Meals Application Form



Section A: Children whose parent/legal guardian receive any of the following are entitled to free school meals ✓ Please tick Income Support Universal Credit - with a household net income of less than £7.400 a year Job Seekers Allowance - Income Based Only Employment and Support Allowance - Income Related Only Pension Credit - Guaranteed Element (including Child Tax Credit) Support under Part VI of the Immigration and Asylum Act 1999 Child Tax Credit only - with an annual income of less than £16,190 Working Tax Credit run-on (paid for the four weeks after you stop qualifying for Working Tax Credit) Section B: Details of parent/legal guardian in receipt of above qualifying benefit (All sections must be completed in CAPITAL LETTERS. Title Surname First Name DOB ۲) \Box Relationship to child(ren) (Mother/Father/Legal Guardian etc.) National Insurance Number or NASS Ref Number of Parent/Guardian/Claimant - this MUST be provided Address and postcode Contact Phone No. Details of school age children attending a school in Sandwell (All sections MUST be completed in CAPITAL LETTERS and please ensure that FULL details are given.) First name of Child 1 Surname of Child 1 School Child 1 Attending Date of birth (Child 1) M D D First name of Child 2 Surname of Child 2 Date of birth (Child 2) School Child 2 Attending M M C O First name of Child 3 Surname of Child 3 Date of birth (Child 3) School Child 3 Attending

First name of Child 4
Date of birth (Child 4) School Child 4 Attending
Please complete an additional form if your application is for more than four children.
NOW COMPLETE YOUR CONSENT AND SIGN THE DECLARATION BELOW PLEASE
Section D: Your Consent
I agree that you will use the information I have provided to process my claim for free school meals to verify my initial, and ongoing, entitlement and that you may contact other sources as allowed by law to confirm this. I also agree that should my initial application be refused further checks will be automatically made to see if I later become entitled.
I agree that you can inform the school(s) attended by my child(ren) of their initial and ongoing entitlement to free school meals.
I understand that the results of any eligibility check may also be used to assess entitlement to receive free travel to school.
I understand that the results of any eligibility check may also be used to assess eligibility of the Early Years Pupil premium for my child's/children's nursery (where appropriate).
I agree that the information provided on this application form will be used to ensure that the council's records are correct and may also be shared with other agencies and service providers to ensure that my family receives an appropriate service. The full Privacy Notice can be found at www.sandwell.gov.uk
I agree that you can use the DfE (Department for Education) ECS (Eligibility Checking Service) in order to check my eligibility for free school meals.
If you do not consent we cannot proceed with your application, so please ensure that you have read and ticked all the boxes before submitting this application form.
Section E: Your Declaration
The information I have given on this form is complete and accurate. I understand that my personal information is held securely and will be used only for local authority purposes. I agree to the local authority using this information to process my application for free school meals. I also agree to notify the local authority in writing of any change in my family's financial circumstances as set out in this form.
Signature of parent/guardian: Date:
In accordance with our service standards, eligible claims will be processed within five working days from receipt of completed application forms. However, if you require further information or assistance, please contact the Free School Meals Team on 0121 569 8186 or 8189.