To qualify, you must be in receipt of at least one of the following:

* Income Support
* Income-related Employment and Support Allowance
* Income Based Jobseeker’s Allowance
* Support under Part VI of the Immigration and Asylum Act 1999
* Child Tax Credit (provided you are not also entitled to Working Tax Credit and have an annual gross household income of no more than £16,190)
* Guaranteed Element of State Pension Credit
* Working Tax Credit run on – paid for 4 weeks after you stop qualifying for Working

Tax Credit

* Universal Credit - if you apply on or after 1 April 2018 your household income must be less than £7,400 a year (after tax and not including any benefits you get)

Children who get paid these benefits directly, instead of through a parent or guardian, can also get free school meals.

If your child is eligible for and registered to receive free school meals between 1 April 2018 and 31 March 2022, they'll remain eligible until 31 March 2022.

Please complete the form below and return to the school. Your eligibility for free school meals will then be checked on your behalf, using a secure Government website. You will only be asked to provide proof of benefit if we cannot confirm your eligibility. We will continue to check your eligibility periodically and will only contact you again if we cannot verify your eligibility. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT/CARER/CLAIMANT DETAILS**

Mr/Mrs/Miss/Ms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mother/Father/Other**

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**National Insurance Number or NASS Ref Number (whichever is applicable) of Parent/Guardian/Claimant**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |

**DETAILS OF DEPENDENT CHILDREN ATTENDING S.PETER’S COLLEGIATE SCHOOL**

|  |  |  |  |
| --- | --- | --- | --- |
| **SURNAME** | **FIRST NAME** | **DATE OF BIRTH** | **GENDER M/F** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**CLAIMANT’S DECLARATION**:

*I declare that the above information is true. I will be responsible for all costs of school meals consumed during any period when I am not in receipt of the above. I agree that you will use the information I have provided to process my claim for free school meals and will contact other sources as allowed by the law to verify my initial and ongoing entitlement.*

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_