



FREE SCHOOL MEALS APPLICATION FORM



AM I ELIGIBLE FOR FREE SCHOOL MEALS?

You are eligible for Free School Meals if you receive one of the benefits listed below:

Tick	<i>Please indicate which one is applicable:</i>
	Universal Credit - provided you have an annual net earned income of no more than £7,400, as assessed by earnings from up to three of your most recent assessment periods, and your monthly average income over three assessment periods should be no more than £616.67)
	Income Support
	Income-based Jobseeker's Allowance
	Income-related Employment and Support Allowance
	Support under Part VI of the Immigration and Asylum Act 1999
	The guarantee element of Pension Credit
	Child Tax Credit - provided you are not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190)
	Working Tax Credit run-on - paid for four weeks after you stop qualifying for Working Tax Credit)

HOW TO APPLY

1. Please complete this form in **BLOCK CAPITALS**
2. Ensure you have signed the form at the bottom.
3. Return this form **via email:** cis@southglos.gov.uk or **via post:** SOUTH GLOUCESTERSHIRE COUNCIL, COUNCIL OFFICES, PO Box 1955, BRISTOL BS37 0DE
4. If you need help to complete this form, call the Children and Young People Information Service on 01454 868008

PERSONAL INFORMATION

Parent/Carer Details

Mr/Mrs/Miss/Ms	Last Name:		First Name:	
----------------	------------	--	-------------	--

Date of Birth:															National Insurance Number:										
----------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	----------------------------	--	--	--	--	--	--	--	--	--	--

Address:	<hr/> <hr/> <hr/>	
Postcode:	<hr/>	
Contact Number:		Email Address:

Your child/ren(s) details

Please include details of all children who are currently attending an educational setting in the table below, even if their FSM status has recently been renewed.

Last Name	First Name	Date of Birth	Name of school/college	Relationship to child/ren

PLEASE READ AND SIGN THE FOLLOWING:

I understand that South Gloucestershire Council is under a duty to protect the public funds it administers and to this end may use the information I provide within the Authority for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes.

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 law to verify my claim and ongoing entitlement.

I confirm that the information given on this form is correct and I will inform you immediately of any change in circumstances. I understand that any false or misleading information given on this form or failure to disclose relevant information may make this application void and could render me liable to legal proceedings.

I confirm that the children named above are included in my claim.

Signature _____ Date _____

If you change your address you MUST inform South Gloucestershire Council immediately to ensure that all correspondence is sent to the correct address.

For information on how we manage your data visit: www.southglos.gov.uk/citizens-portal-privacy or email our Data Protection Office at DPO@southglos.gov.uk.

If you do not have access to a computer and would like more information, please contact us on **01454 868008**.

