

# North Lincolnshire Council FREE SCHOOL MEALS APPLICATION FORM

This form is to be used for children who attend schools in North Lincolnshire and for students who attend John Leggott College. Students who attend other colleges should contact their college for more information and an application form.

**Conditions**

Families that receive the following are eligible for free school meals for children in full time education:

- Income Support.
- Income-based Job Seeker's 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 (provided you're 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 4 weeks after you stop qualifying for Working Tax Credit
- Universal Credit

We will check your entitlement against the Department for Education (DfE) database.

From September 2014 all children in Reception, Year 1, and Year 2 will be entitled to a free school meal. However, it is still really important that if you get one of the above benefits you complete this form - it will enable us to pay you a clothing grant and the school will receive an extra £1300 per year from the government for each of your children.

**PLEASE WRITE IN BLOCK CAPITALS**

**Name**

Title (circle as appropriate)      Mr    Mrs    Miss    Ms    Other

If Other, please specify:

First name(s)

Surname

**Address**

House

Street

Town

Locality

County

Postcode

Date of Birth      DD        MM        YYYY

Email Address

Telephone Number

Mobile Number

National Insurance Number

When did you start living at this address?      DD        MM        YYYY

Marital Status (circle as appropriate)      Single      Married      Partner      Divorced      Widowed

**PLEASE WRITE IN BLOCK CAPITALS**

**Previous Address**

House

Street

Town

Locality

County

Postcode

**Name of spouse/partner (If applicable)**

Title (circle as appropriate)      Mr    Mrs    Miss    Ms    Other

If Other, please specify:

First name(s)

Surname

Date of Birth      DD     MM     YYYY

National Insurance Number

**Dependant Children (Fill as required, and only for children in full time education)**

**Child 1**

First name(s)

Surname

Date of Birth      DD     MM     YYYY

Applicants relationship to child

Spouse/Partner's relationship to child

School/College

If the child has not yet started school, when are they due to start? (circle as appropriate)      September    January    April

Does the child live at the same address as the applicant? (circle as appropriate)      Yes    No

**If no, please give address where the child lives:**

House

Street

Town

Locality

County

Postcode

**PLEASE WRITE IN BLOCK CAPITALS**

**Child 2**

First name(s)

Surname

Date of Birth

DD   MM   YYYY

Applicants relationship to child

Spouse/Partner's relationship to child

School/College

If the child has not yet started school, when are they due to start? (circle as appropriate)

September      January      April

Does the child live at the same address as the applicant? (circle as appropriate)

Yes      No

**If no, please give address where the child lives:**

House

Street

Town

Locality

County

Postcode

**Child 3**

First name(s)

Surname

Date of Birth

DD   MM   YYYY

Applicants relationship to child

Spouse/Partner's relationship to child

School/College

If the child has not yet started school, when are they due to start? (circle as appropriate)

September      January      April

Does the child live at the same address as the applicant? (circle as appropriate)

Yes      No

**If no, please give address where the child lives:**

House

Street

Town

Locality

County

Postcode

**PLEASE WRITE IN BLOCK CAPITALS**

**Child 4**

First name(s)

Surname

Date of Birth

DD  MM  YYYY

Applicants relationship to child

Spouse/Partner's relationship to child

School/College

If the child has not yet started school, when are they due to start? (circle as appropriate)

September      January      April

Does the child live at the same address as the applicant? (circle as appropriate)

Yes      No

**If no, please give address where the child lives:**

House

Street

Town

Locality

County

Postcode

**Child 5**

First name(s)

Surname

Date of Birth

DD  MM  YYYY

Applicants relationship to child

Spouse/Partner's relationship to child

School/College

If the child has not yet started school, when are they due to start? (circle as appropriate)

September      January      April

Does the child live at the same address as the applicant? (circle as appropriate)

Yes      No

**If no, please give address where the child lives:**

House

Street

Town

Locality

County

Postcode

## PLEASE WRITE IN BLOCK CAPITALS

### Benefit Details

**Please note:** We can only check your entitlement to receive free school meals on the DfE database if you currently receive benefits. If you have made a new claim for any of the benefits below there may be a delay in awarding your free school meals. This is because we have to wait until your benefit claim has been processed. If you receive confirmation of your benefit entitlement during this time please forward it to us as it may speed up your application for free school meals.

Please state whether it's you or your partner/spouse who is currently in receipt of benefit (circle as appropriate)

Applicant      Partner/Spouse

Type of Benefit\* (tick the box as appropriate)

Child tax credit

**Please note: You will only be entitled to free school meals if you receive child tax credit with no working tax credit allowance and have an annual income below £16,190.**

Employment and support allowance (income related)

Income based job seeker's allowance

Income support

### Working Tax Credit 'run on'

If you have recently been made redundant or had your hours reduced to less than 16 per week, and you previously received working tax credit, you may be able to claim a four-week 'run on' of working tax credit. This is to help you while your new benefits are being assessed. During these four weeks you will be entitled to free school meals.

Are you in receipt of working tax credit 'run on'?

(circle as appropriate)

Yes      No

We will not be able to check your entitlement until you send us your most recent tax credit notification and evidence of your reduction in hours or redundancy. Please take these into one of our local link offices or post them to us at:

Free School Meals  
North Lincolnshire Council  
PO Box 35  
Hewson House  
Station Road  
Brigg  
DN20 8XJ

**PLEASE WRITE IN BLOCK CAPITALS**

**Declaration**

- I understand that the results of any free school meals check may also be used to check whether I am entitled to other education benefits. For example, free travel to school or uniform grant.
- I agree that you will use the information I have provided to process my claim for free school meals. As part of this you will contact other sources, including the DfE database, as allowed by the law to check my initial and ongoing entitlement.

**Applicant Signature**

**Partner/Spouse  
signature**

**Date** DD  MM  YYYY

North Lincolnshire Council will hold the information you have provided for the purpose of assessing and paying your education benefits. It may be disclosed to your child's school or college for their information.

We must protect the public funds we handle and may use the information you have provided on this form to prevent and detect fraud. We may also share this information with other organisations that handle public funds to prevent and detect fraud.