



## Application Form for Free School Meals

This form should be completed in **Block Capitals** and returned to the Headteacher or, if preferred, to the Children & Young People’s Service, Pupil Benefits Office. Children will only qualify for free meals if parents / guardians receive **Income Support** **Income Based Jobseeker’s Allowance**, the **Guarantee Element of Pension Credit** or **Child Tax Credit** where income is less than **£14,155**. Only one form per family need be completed.

The back of this form is for your local benefits office to complete. They will confirm your entitlement to **Income Support** or **Income Based Jobseeker’s Allowance**, or you can enclose a copy of **recent** written confirmation of your entitlement and send it to us.

If you are claiming because you are in receipt of Child Tax Credit, please provide a copy of the Inland Revenue Credit Award Notice (form - TC602). Failure to submit evidence will mean that your application cannot be processed. We cannot guarantee to return original documents, therefore, please provide copies.

***Please Note: Contributions Based Jobseeker’s Allowance, Working Tax Credit and Invalidation Benefit do not qualify; also being in receipt of Child Tax Credit AND Working Tax Credit does not qualify.***

Mr/Mrs/Miss/Ms: \_\_\_\_\_ Initial(s): \_\_\_\_\_ Surname: \_\_\_\_\_

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

Post Code: \_\_\_\_\_ Relationship to pupil(s): \_\_\_\_\_

1. Set out below the names, etc., of each dependent child living at the above address for whom you are applying for Free School Meals.

Forenames(s)	M/F	Surname	Date of Birth	Name of school attended	New School? Yes / No	If Yes - start date:

2. Are any of the above children known by another name? \_\_\_\_\_

3. On what date does your current free school meal entitlement end? \_\_\_\_\_

4. State type of benefit you receive: \_\_\_\_\_

5. National Insurance Number: 

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6. If you change your address or your child changes school please give details on back of this form.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR SCHOOL OFFICE USE - ONLY**

FSMs form with evidence seen & posted / faxed\* to education department (Fax no: 01392 383614):  (please tick when seen)  
Name of person checking evidence: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by the Benefits Office:**

Applicant's name: \_\_\_\_\_  
(Block capitals)

National Insurance Number: \_\_\_\_\_

It is confirmed / not confirmed\* that the above named client receives Income Support / Income Based Jobseeker's Allowance\*.

and has done so since: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.

and is to continue to: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.

**Official Stamp**

Contact Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.

*\*Delete as necessary*

**FOR CHILDREN & YOUNG PEOPLE'S SERVICES OFFICE USE - ONLY**

Assessed: \_\_\_\_\_ No. entitled: \_\_\_\_\_

Checked: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

**Please return this form to either:**

- Your child's Headteacher, or
- The Pupil Benefits Team, Children & Young People's Services, County Hall, Topsham Road, Exeter, EX2 4QG

**Please add any further information here:**