

# APPLICATION FOR FREE SCHOOL MEALS (CONFIDENTIAL)

Please read notes overleaf before completing this form.



## A - DETAILS OF PARENT/GUARDIAN

RELATIONSHIP TO CHILD	SURNAME	FIRST NAME(S)	DATE OF BIRTH	Please provide one of the following:	
				NATIONAL INSURANCE NO.	NATIONAL ASYLUM SUPPORT SERVICE NO.
Father					
Mother					
Guardian					

## B - HOME ADDRESS OF PARENTS/GUARDIAN (APPLICANT)

MOTHER / GUARDIAN (Delete as appropriate)	ADDRESS OF FATHER (if different from Mother)

## C - DETAILS OF DEPENDENT CHILDREN

SURNAME	FIRST NAME(S)	DATE OF BIRTH	SCHOOL ATTENDING

## D - BENEFITS RECEIVED BY PARENTS/GUARDIAN

Please tick below the benefit(s) you receive:

<input type="checkbox"/>	Income Support;
<input type="checkbox"/>	Income Based Job-Seekers Allowance;
<input type="checkbox"/>	Support under part VI of the Immigration and Asylum Act 1999 (from the National Asylum Support Service);
<input type="checkbox"/>	Guarantee element of State Pension Credit;
<input type="checkbox"/>	Child Tax Credit, but am not entitled to Working Tax Credit, and have an annual income (as assessed by Her Majesty's Revenue and Customs) that as of 6 April 2011 does not exceed £16,190; or <b>(Please note if you receive Working Tax Credit, you will not be entitled to Free School Meals).</b>
<input type="checkbox"/>	Employment Support Allowance (Income Related) (ESA(IR))

## E - DECLARATION BY PARENT/GUARDIAN

- I hereby declare that I am currently in receipt of the benefits as indicated above or will be from the date provided, and that to the best of my knowledge and belief the information provided in this form is correct.
- I hereby authorise Cheney School to check my eligibility status with the relevant providers.
- I undertake to inform Cheney School of any change of financial or other circumstances, which will affect any items of information contained therein.
- I also undertake that where any meals are received free of charge for any period for which I have not been in receipt of the relevant benefits to secure eligibility for such meals, I will repay on demand the costs of such meals at the rate normally charged during that period.

SIGNATURE OF APPLICANT	DATE

## F - AUTHORISATION BY SCHOOL (to be completed by Headteacher or Delegated Person)

I confirm that I have received confirmation from Oxfordshire County Council of the applicant's current receipt of appropriate benefit or if the Council cannot confirm eligibility I have seen and copied appropriate documentary evidence:

NAME	POSITION	SIGNED	DATE (and from which authorisation for free meals has been given)

for ongoing entitlement (subsequent terms):

NAME	POSITION	SIGNED	DATE