

## FREE SCHOOL MEAL &amp; PUPIL PREMIUM APPLICATION FORM

CHILDREN WHOSE PARENTS/CARERS RECEIVE ONE OF THE FOLLOWING BENEFITS ARE ENTITLED TO FREE SCHOOL MEALS AND WILL GENERATE PUPIL PREMIUM FOR THEIR SCHOOL:

- ✓ **Income Support (IS)**
- ✓ **Income-based** (not contribution-based) **Job Seeker's Allowance (IBJSA)**
- ✓ The guaranteed element of the **State Pension Credit**.
- ✓ **Income-related employment and support allowance**
- ✓ **Support under Part VI of the Immigration and Asylum Act 1999**
- ✓ **Universal Credit**
- ✓ **Child Tax Credit** except if you meet ANY of the following criteria -
  - i) entitled to working tax credit (regardless of income)
  - ii) have an annual income in excess of £16,190 (Please note that this figure is for April 2017 and that it can change each year).

Children who receive IS or IBJSA in their own right are also entitled to receive free school meals.

Where a parent is entitled to Working Tax Credit during the four-week period immediately after their employment ceases, or after they start to work less than 16 hours per week, their children are entitled to free school meals.

Administration for the provision of free school meals is undertaken by Buckinghamshire County Council for those pupils attending an education establishment within Buckinghamshire. This form should be completed and returned to your child's school.

## 1. DETAILS OF PARENT/CARER WITH QUALIFYING BENEFIT – COMPLETE IN BLOCK LETTERS

SURNAME/FAMILY NAME as it appears on your benefit letter:

FORENAME:

TITLE:

DATE OF BIRTH:

dd/mm/yyyy

NATIONAL INSURANCE NUMBER

--	--	--	--	--	--	--	--	--	--

OR

NATIONAL ASYLUM SEEKER NUMBER

		/			/				
--	--	---	--	--	---	--	--	--	--

ADDRESS

POST CODE

DAYTIME TEL. NO(s)

## 2. DETAILS OF THE CHILD/CHILDREN

Surname/Family Name	Forename	Date of Birth	Name of School

## 3. DECLARATION

I declare that the information given on this form is true and complete and I undertake to inform the school if my entitlement to one of the qualifying benefits is terminated. I understand that the results of any free school meal eligibility check may also be used to assess my entitlement to other support/benefits, including free travel to school. *The remainder of this declaration does not apply to pupils in Reception, Year 1 or Year 2* - 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 initial, and ongoing, entitlement to free school meals. I understand that I may be liable for any costs incurred in providing free school meals for my child(ren), should I fail to inform the school of the termination of my benefit.

I have read and I understand the above declaration.

**SIGNATURE** \_\_\_\_\_ (Parent/Carer) **DATE** \_\_\_\_\_