



APPLICATION FOR FREE SCHOOL MEALS FOR NEW CLAIMS ONLY

DATA PROTECTION ACT The information that you provide on this form will be held by the Coventry City Council, and will be used for the purpose of assessing eligibility to Free School Meals. Where appropriate, the information may also be used by the Coventry City Council for the purpose of providing other services. This information will be held securely and will not be disclosed to anyone other than those stated above, without your permission.

CLAIMANT'S DETAILS

Mr/Mrs/Miss/Ms.....SURNAME.....FIRST NAME.....
 ADDRESS.....POSTCODE.....
 TELEPHONE: (Home).....(Mobile).....
 NATIONAL INSURANCE NUMBER:/...../...../...../.....(claimants) D.O.B.....
 NASS REFERENCE:...../...../...../...../..... (claimants) D.OB.....

WHICH BENEFIT(S) DO YOU RECEIVE? (Please tick)

Child Tax Credit but <u>do not</u> receive Working Tax Credit and that my annual income is less than £16,190 (PLEASE NOTE - YOU DO NOT QUALIFY FOR FREE SCHOOL MEALS IF YOU ARE IN RECEIPT OF WORKING TAX CREDIT REGARDLESS OF INCOME)	<input type="checkbox"/>
Income Support	<input type="checkbox"/>
Income-Based Job Seekers Allowance	<input type="checkbox"/>
Income Related Employment and Support Allowance	<input type="checkbox"/>
The Guarantee Element of State Pension Credit	<input type="checkbox"/>
Asylum Seeker (Immigration & Asylum Act 1999, Part VI)	<input type="checkbox"/>

CHILDREN'S DETAIL'S

SURNAME	FIRST NAME	D.O.B	SCHOOL	Date admitted if new starter	

ALL applicants are required to complete and sign the declaration below (please tick to acknowledge terms and conditions)

I understand that my entitlement to Free School Meals will continue only as long as I am in receipt of qualifying benefits. I will immediately inform the Admissions and Benefits Office if my entitlement to qualifying benefits ends and / or the contact details for myself and / or my child/ren change.

I confirm have parental responsibility for all children detailed in this claim.

I understand that if I do not inform you of a change to my circumstances and my child/ren continue/s to receive free school meals I will have to repay the amount in full.

I understand that it is fraudulent to give false information.

I agree that in order for you to process my claim for free school meals you may contact any other sources allowed by law to verify my initial and ongoing entitlement.

Signature of claimant _____ Date _____

PLEASE COMPLETE AND RETURN THIS APPLICATION FORM TO EITHER:

YOUR CHILD'S SCHOOL OR ADMISSIONS & BENEFITS, ED37, NEW COUNCIL OFFICES, COVENTRY, CV1 5RS, FAX 02476 831627

Office use only:

HUB CHECK _____ ELIGIBLE _____ DATE _____ AUTHORISED BY _____