FAMILY INCOME AND BENEFIT DETAILS

Is your joint family appropriate box). Yes	y income over £1 No	6,190	per y	ear? (Pl	ease place an X in the	
If you have ticked the declaration at	, , ,	•	ete yo	ur chilo	l/ren's names and go straig	ht to
About Your Child/	Children					
Child's Last Name	Child's First Name	Chi	ild's Do Birtl		Name of School	
		DD	W W	λ		
		DD	W W	λ		
		DD	W W	$\gamma \gamma \gamma$		
		DD	W W	y y y y		

PARENT/GUARDIAN DETAILS

	Parent/Guardian 1							Parent/Guardian 2									
Last name																	
First Name																	
Date of Birth	DD		M		\vee			DD			M		\vee				
National Insurance Number*		,															
National Asylum Support Service (NASS) Number*		/		/							/		/				
Daytime Telephone Number		•	•		•	•	'	•	•	•		•			•	•	•
Mobile Number																	
Address																	
	Post	code	2:						Po	sta	ode	2:					

^{*} Complete as appropriate

If you ticked no, please place an X in this box if you¹ are in receipt of any of the benefits listed below:
 Income Support Income-based Jobseekers Allowance Income-related Employment and Support Allowance Support from NASS (National Asylum Support Service) under part 6 of the Immigration and Asylum Act 1999 the guarantee element of State Pension Credit Child Tax Credit (with no Working Tax Credit) with an annual income of no more than £16,190 Working Tax Credit run-on Universal Credit.
Please place an X in this box if you are not sure whether your joint family income is over £16,190, or whether you are in receipt of one of the benefits listed above, but you would still like us to check whether your child is eligible for free school meals:
Declaration
The information I have given on this form is complete and accurate. I understand that my personal information is held securely and will be used only for local authority purposes. I agree to the local authority using this information to process my application for free school meals. I also agree to notify the local authority in writing of any change in my family's financial circumstances as set out in this form.
Signature of parent/guardian:
Date:

We are committed to ensuring that the personal and sensitive information that we hold about you is protected and kept safe and secure, and we have measures in place to prevent the loss, misuse or alteration of your personal information.

We will use the information you provide to assess entitlement to free school meals. The information may also be shared with other Council departments to offer benefits and services.

¹ This includes those who have parental rights for the child/children named on this form.