

free school meals and/or school clothing allowance



1 Details of parent/legal guardian

The form should be completed by the parent/legal guardian who is in receipt of the qualifying benefit

Title (Mr/Mrs/Miss/Ms).....

Surname First name(s)

Address

Postcode..... Email address

Home telephone number..... Mobile telephone number

National Insurance number or Home Office number..... Date of Birth

2 Partner's details

Title (Mr/Mrs/Miss/Ms).....

Surname First name(s)

National Insurance number or Home Office number..... Date of Birth

3 Change of name or address

If you or your child/ren have changed name and/or address in the last year please give previous details below:

4 If you are eligible for free school meals but do NOT wish your children to receive them please tick this box

5 Details of any children in the family

Please include in the boxes below details of all dependant children who are living with you and are in attendance at school or nursery. Please include the names of any children who will be starting school or full-time nursery in the next 12 months.

First name	Surname	Male/ Female	Date of birth	Name of school/nursery

6 School Clothing Payments

If you are eligible to receive school clothing allowance we will pay the money directly into your bank account. Please complete your bank account details below:

<p>Name and address of the bank or building society:</p>	<p>Bank sort code <input style="width: 150px; height: 20px;" type="text"/></p>
	<p>Account number <input style="width: 250px; height: 20px;" type="text"/></p>
	<p>Name of account holder(s)</p> <input style="width: 400px; height: 20px;" type="text"/>

7 Qualifying confirmation

The qualifying benefits to be eligible to receive free school meals, free milk and/or school clothing allowance are:

- Income Support
- Income-based Jobseeker's Allowance
- Employment and Support Allowance (Income Related)
- Guarantee element of Pension Credit
- Support under part IV of the Immigration & Asylum Act 1999

Free School Meals only

- Your annual income is not more than £16,190 (as assessed by Her Majesty's Revenue and Customs) and you are in receipt of Child Tax Credit

School Clothing Allowance only

- Your annual income is not more than £16,190 (as assessed by Her Majesty's Revenue and Customs) and you are in receipt of Child Tax and/or Working Tax Credit

You may be asked to provide proof of your entitlement to one of the above if we are unable to confirm your eligibility via online checks. Please contact the Pupil Benefits Team on 0115 915 4084 for further advice.

8 Declaration to be signed by ALL applicants

I understand that my entitlement to free school meals and/or school clothing allowance will continue only as long as I am receipt of qualifying benefits. I will immediately inform the Pupil Benefits Team if my entitlement to qualifying benefits ends and/or the contact details for myself and/or my child/ren change.

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

I declare that all of the information provided on this form and associated documents is complete and true and I authorise Nottingham City Council to take such steps as they consider necessary to verify the information provided.

I understand that you must protect the public funds that you handle and that you may use the information provided to prevent and detect fraud. You may also share this information with other organisations that handle public funds. I understand that to give false information may lead to prosecution.

Signed _____ Date _____

Once you have completed the application please visit us or return the form to:

**Pupil Benefits Section
Customer Contact Centre
Nottingham City Council
Angel Row
Nottingham
NG1 6HP**

Telephone: 0115 915 4084

Fax: 0115 876 4940

FOR OFFICE USE ONLY

Received Date		FSM start	
Processed Date		SCA issue	
Assessed By		EMS Number(s)	
Benefits Confirmation	Proofs/OCP		