

**FREE SCHOOL MEAL APPLICATION
for pupils attending BEDFORD BOROUGH SCHOOLS ONLY**



Use **BLOCK CAPITALS** and **SIGN** at the bottom of form

Title		Surname						
Other Names								
National Insurance No						OR NASS No		
Email:								
Contact Tel number:				Your date of birth				

Your Address

.....

.....POST CODE.....

Write below the details of each dependent child who is living with you at home and in full time attendance at school.

Surname	Other names	Date of birth	Name of school	Relationship to applicant

I am entitled to claim free school meals. ***(Tick the box to indicate which benefit you receive.)***

- Income Support
- Income-related Employment and Support Allowance
- Income-based Jobseekers Allowance
- Child Tax Credit (provided you or your partner are not also entitled to Working Tax Credit and your combined annual gross income as assessed by HMRC is not more than £16,190)
- The guaranteed element of State Pension Credit.
- Support under Part VI of the Immigration and Asylum Act 1999
- Universal Credit

Declaration I have read the information overleaf and 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. I understand that if I give false information I may be prosecuted. I undertake to notify FSM administration IMMEDIATELY if:

- My Income Support/Income-related Employment and Support allowance or Income-based Jobseekers Allowance stops
- I start to receive Working Tax Credit
- Annual household income as assessed by HMRC for Child Tax Credit exceeds £16,190.
- **I change my address**
- I wish to cancel my application and withdraw my consent to the above.

Signed..... Date.....

(The person making the claim)

