

## **APPLICATION FOR FREE SCHOOL MEALS**

This form must be signed by the person claiming the qualifying benefit

## Claims cannot be processed without the Date of Birth (D.o.B) and National Insurance Number of the Claimant

		Please	compl	ete th	e follo	wing	g details ir	า full							
Full name of	claimant:		<u> </u>						(Mr/l	Mrs/Mis	s/Ms)				
Address:															
						Po	ostcode:								
D.o.B of claimant						Te	elephone:				elationship o Claimant				
National Insu	rance Nu	mber:													
		Ch	ildren 1	for wh	om yo	u ar	e claimin	<u> </u> Z							
Local First	Nama			M/I		o.B	1			Relation	onship				
Legal First	Name	Legal S	141/1	<b>Б.</b>	о.в	3	School		to Claimant						
l															
Declaration of wish to claim in receipt of or	Free Scho ne of the fo	ool Meals fo ollowing <sub>(ple</sub>	or the aborance tick):	ove child	dren. I c	onfir	m that I am								
Child Tax Cred (PLEASE NOTE IF WORKING TAX C	YOU ARE RE	CEIVING WO	RKING TAX	CREDIT,	OR IF YO	U HA									
Income Support	ţ		-			,									
Income-Based Jo															
Income Related				ance											
The Guarantee			on Credit												
or that I am an	Asylum see	Ker													
I certify that to I will tell the Lother relevant	ocal Auth	ority and th	ne schoo	l if I stop	receiv	_		or if th	ere are an	ny					
I understand						11 033)	,								
I agree that in			_			choc	ol meals you	may coi	ntact any o	other					
sources as allo									,						
Signature of cla	imant:						Da	te:			_				
		PLEASE N	OTE: LA	TE CLAI	MS CAI	NO.	T BE BACK I	DATED							
When complete Free School Mea					or 6, Blo	ck A,	Tipping Stree	t, Staffor	d, ST16 2D	ЭН					

## **FOR OFFICE USE:**

NEW CLAIM	ENTITLED	START DATE		GRANTED UNTIL	
RENEWAL					
HUB CHECK	DATE	ASSESSED B	Υ		

