

**APPLICATION FOR FREE SCHOOL MEALS**

For parents/carers in receipt of INCOME SUPPORT / INCOME BASED JOB SEEKERS ALLOWANCE, or CHILD TAX CREDIT where the total award must not exceed £16,190 as shown on the Tax Credit Award Certificate or if in receipt of Support under Part VI of the IMMIGRATION AND ASYLUM ACT 1999 or the GUARANTEE ELEMENT OF STATE PENSION CREDIT.

PARENT/CARER SURNAME: .....

TITLE: Mr / Mrs / Ms / Miss / Other: ..... INITIALS: .....

NATIONAL INSURANCE NUMBER: 

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ADDRESS: .....

..... POSTCODE: .....

TELEPHONE ..... NUMBER(S): .....

RELATIONSHIP TO CHILD(REN) NAMED BELOW: .....

Have you previously received free school meals? YES / NO Expiry date of award:
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Please enter details of the child(ren) attending Chase High School.

SURNAME	FIRST NAME	DATE OF BIRTH Date / Month / Year	NAME OF SCHOOL

Are you in receipt of:	Income Support	YES / NO
	Income Based Job Seekers Allowance	YES / NO
	<b>Child Tax Credit (income not exceeding £16,190 and no working tax credit)</b>	YES / NO
	Guarantee Element – State Pension Credit	YES / NO
	Support under Part VI of the Immigration and Asylum Act 1999	YES/NO
	Universal Credit	YES/NO

It is now also possible to apply online at [www.southend.gov.uk/fsm](http://www.southend.gov.uk/fsm) or contact Catherine Benford on 01702 212 065

**YOU MUST PROVIDE EVIDENCE OF THE TYPE OF BENEFIT YOU ARE RECEIVING. IT IS YOUR RESPONSIBILITY TO INFORM THE SCHOOL OF ANY CHANGES TO YOUR CIRCUMSTANCES THAT MAY AFFECT YOUR ENTITLEMENT. A CHARGE MAY BE MADE FOR MEALS TAKEN IF YOU NO LONGER MEET THE STATED CRITERIA.**

**DECLARATION**

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I CERTIFY THAT THE ATTACHED INFORMATION IS TO THE BEST OF MY KNOWLEDGE CORRECT.

I UNDERSTAND THE SCHOOL MAY TAKE APPROPRIATE ENQUIRIES TO VERIFY THE ABOVE INFORMATION.

SIGNED: ..... DATE: .....

DATA PROTECTION ACT 1984: Any Personal Data entered on this form may be held on computer files.

PLEASE CONFIRM THAT YOUR SON/DAUGHTER(S) CAN USE CASHLESS DINNER SYSTEM:

SIGNED:.....

**Please return this form to the school**