



APPLICATION FOR FREE SCHOOL MEALS 2021-2022

Please read the following before completing the application form.

Children are entitled to receive free school meals if they or their parents or guardians receive any of the benefits below.

- Universal Credit, provided they have an annual net earned income not exceeding £7,400 (£616.67 per month)
- Income Support
- Income-based Jobseekers Allowance
- Income-related Employment & Support Allowance
- Support under Part VI of the Immigration and Asylum Act 1999
- The Guarantee element of State Pension Credit
- Child Tax Credit, provided they are not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190 as assessed by HMRC
- Working Tax Credit run-on (paid for 4 weeks after you stop qualifying for Working Tax Credit)

Students who receive Income Support or Income-based Jobseekers Allowance in their own right are also entitled to receive free school meals.

HOW TO APPLY

The Parent/Carer in receipt of the qualifying benefit must complete **all** sections of the application form and return it to the Finance Office for processing.

Please include all the relevant information on your application form, ensuring that you have included your National Insurance Number / or NASS reference number and your date of birth.

You do not need to provide proof of your benefit entitlement as your eligibility for Free School Meals will be verified by the Department for Education's Eligibility Checking Service.

We will not be given full details of the benefits you currently receive only whether you qualify for free school meals. All data is completely confidential.

There will be no need to re-apply to renew your free school meals as we are able to recheck your eligibility periodically, however as soon as your circumstances change, you must notify us.

Please note that applications will be dealt with during term time only

CHILDREN WHOSE PARENTS/CARERS RECEIVE ANY OF THE FOLLOWING ARE ENTITLED TO FREE SCHOOL MEALS

✓ Please Tick

Universal Credit -----	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Income Support -----	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Income-based Job Seekers Allowance -----	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Income-related Employment & Support Allowance -----	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Support under Part VI of the Immigration and Asylum Act 1999 -----	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
The Guarantee element of State Pension Credit -----	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Child Tax Credit, with an annual income of less the £16,190 (*NOT Working Tax Credit) -	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

* If you receive any Working Tax Credit regardless of annual household income you will NOT qualify for Free School Meals

Section A: DETAILS OF PARENT/CARER IN RECEIPT OF ABOVE QUALIFYING BENEFITS

ALL SECTIONS MUST BE COMPLETED IN CAPITAL LETTERS

Surname First Name

Your date of birth (NOT YOUR CHILD'S) Relationship to child(ren)

Home Address

Postcode Telephone No:

National Insurance Number or NASS Ref Number of Parent/Carer – **This MUST be provided**

Section B: DETAILS OF ALL CHILDREN ATTENDING ST MARTIN'S

Surname	First Name (s)	Date of Birth	Form

Section C: Declaration to be completed by applicant whose details are provided in Section A:

- I declare that the information given on this form is true and complete and I undertake to inform the school if my entitlement to one of the qualifying benefits is terminated. I understand that I will be liable for any costs incurred in providing free school meals for my child(ren), should I fail to inform the school of the termination of my benefit.
- I agree that you will use the information I have provided to process my claim for free school lunches and will contact other sources as allowed by the law to verify my initial and ongoing entitlement to free school lunches.

I have read and I understand the above declaration

Signature: _____ Mr/Mrs/Miss/Ms (please delete) Date: ___ / ___ / ___

For Official Use Only

Date ECS Hub FSM check _____ Eligible to FSM _____ Assessed By (staff initials) _____
 School Informed Date _____ On SIMS Date _____ FSM Start Date _____