# Application Form for Free School Meals

Applicant details:

|  |  |
| --- | --- |
| Mr/Mrs/Miss/Ms |  |
| Legal First Name  |  |
| Legal Surname\* |  |
| Address |  |
| Post Code |  |
| Contact phone numbers |  |
| Relationship to student(s)Mother/father/carer etc |  |
| National Insurance or National Asylum Support Service number |  |

I confirm that I am currently in receipt of one, or more, of the benefits listed. Please tick the box(es) to indicate which benefit(s) you are currently in receipt of. Proof of your eligibility must be provided to the school. **Without this we cannot process your claim.**

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| --- | --- |
|  | **Income Support** |
|  | Income-based **Job Seekers Allowance** (NOT contribution based JSA) |
|  | Income-related **Employment and Support Allowance** (NOT contribution ESA) |
|  | Support under **Part VI of the Immigration and Asylum Act 1999** - National Asylum Seekers Support (NASS) |
|  | The guarantee element of **State Pension Credit** |
|  | **Child Tax Credit** (you must NOT be entitled to Working Tax Credit and have an annual income (as assessed by HM Revenue & Customs) that does not exceed £16,190 (April 2012) |
|  | **Working Tax Credit 'run-on'** - the payment you receive for a further four weeks after you stop qualifying for Working Tax Credit |
|  | **Universal Credit** (provided you have an annual net earned income of no more than £7,400, as assessed by earnings from up to three of your most recent assessment periods) |

Details of each dependent child in the family attending Bradon Forest School

|  |  |  |
| --- | --- | --- |
| Forename | Surname | Date of Birth |
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Your completed form should be returned to the school office with **current** confirmation of your entitlement. Bradon Forest School, The Peak, Purton, Swindon, SN5 4AT.

Alternatively a photograph of a screen print(s) can be emailed to enquiry@bradonforest.wilts.sch.uk

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| **I certify that the information given on this application form is, to the best of my knowledge and belief, correct. I undertake to notify the School immediately of any change in the payment of benefit.****Signature of Applicant**  **Date**  |