

**Means Tested Free School Meals Application**

|         |                      |           |                      |
|---------|----------------------|-----------|----------------------|
| Name    | <input type="text"/> | E-mail    | <input type="text"/> |
| Address | <input type="text"/> | Telephone | <input type="text"/> |

To qualify for Means Tested Free School Meals, you must :-

Be responsible for the child or children concerned, this normally means that you will be receiving Child Benefit for them **and** be in receipt of one of the following;

***Please tick all benefits that you are receiving;***

- Child Benefit
- Income Support
- JSA (IB)
- ESA (IR)
- Guarantee Pension Credit
- Working Tax Credit Run-On
- Child Tax Credit and your income for Tax Credit purposes must be less than £16,190.00 (details are shown on your award notice)

*Please state end date* \_\_\_\_\_

**You do not qualify if you are in receipt of Working Tax Credit**

***In some circumstances you may need to provide evidence of your income we will contact you if we need this.***

**If you satisfy the requirements for your child / children to receive Means Tested Free School Meals, and submit the information required above, the school(s) that your child / children attend will be informed of this and the school will be awarded additional funding.**

If you receive support under Part VI of the Immigration and Asylum Act 1999 your child / children should qualify for Free School Meals. Please complete this form and submit this to your child's school with proof of your immigration status.

If you have any queries regarding Free School Meals, please contact us using the details shown above.

I .....(name) wish to claim Free School Meals for the child / children listed below :-

| Name of Child | Date of Birth | Name of School or Nursery they attend |
|---------------|---------------|---------------------------------------|
|               |               |                                       |
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National Insurance Number

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Date of Birth

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Have you made a claim for Housing / Council Tax Benefit? Yes  No

**Declaration**

I / we declare that the information given above is correct and complete to the best of my / our knowledge.

I / we authorise the Council to make any necessary enquiries to verify the information provided.

I / we understand that if I / we have given information that is incorrect or incomplete I / we may be prosecuted.

I / we agree to notify the Council Benefit section of any changes which might affect my / our benefit.

Your  
Signature

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Date

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Partners  
Signature

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Date

|  |
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**Apply By :**

**Returning the completed form to: - Benefits Service, Civic Centre,  
Regent St, Gateshead ,NE8 1HH  
Telephone the the FSM line 0191 4333729 and provide all of the details.**