



# South Tyneside Council

## Children, Adults and Health Group APPLICATION FORM FOR FREE SCHOOL MEALS

This form should be completed in ink or biro and only where parents, or children in their own right, receive one of the benefits listed below.

### CAPITAL LETTERS

Surname of Applicant: ..... Initials: ..... NI.No.....

Address: .....

T No.: ..... Relationship to Pupil(s): ..... DOB.....

1 Set out below the name, date of birth and school etc., of each dependent child who is living at home and is under school leaving age, including children at nursery.

Surname	Forename	Date of Birth	School

2. Your child(ren) will be entitled to receive free school meals if you are in receipt of one of the following benefits:

- Universal Credit (net earnings threshold £7,400 per year)
- Income Support;
- Income Based Jobseekers' Allowance;
- Income-related employment and support allowance (this benefit was introduced on 27 October 2008)
- Support under Part VI of the Immigration and Asylum Act 1999;
- Your household income does not exceed £16,190 (if you are entitled to **Working Tax Credit** you will **NOT** be eligible for free school meals);
- Guaranteed Element of State Pension Credit.

**You must provide proof of entitlement to one of these benefits. Please see overleaf for the type of proof required.**

3. I certify that the information given above is, to the best of my knowledge and belief, correct and I undertake to notify the Council's Children, Adults and Health Group and my child's school IMMEDIATELY should my entitlement to benefit cease. I understand that the Children, Adults and Health Group may check the validity of this application.

Signature of Applicant: ..... Date: .....