



FREE SCHOOL MEALS APPLICATION FORM FOR STUDENTS ATTENDING ST PETER'S COLLEGIATE ACADEMY

To qualify for Free School Meals, you must be in receipt of at least one of the following:

- Universal Credit with an annual net earned income of no more than £7,400 (£616.67 per month), as assessed by earnings from up to three of your most recent assessment periods
- Income Support
- Income-related Employment and Support Allowance
- Income Based Jobseeker's Allowance
- Guaranteed Element of State Pension Credit
- Support under Part VI of the Immigration and Asylum Act 1999
- The guarantee element of Pension Credit
- Child Tax Credit (provided you are not also entitled to Working Tax Credit and have an annual gross household income of no more than £16,190)
- Working Tax Credit run on – paid for 4 weeks after you stop qualifying for Working Tax Credit

Children who get paid these benefits directly, instead of through a parent or guardian, can also get free school meals.

Please complete the form below and return to the school. Your eligibility for free school meals will then be checked on your behalf, using a secure Government website. You will only be asked to provide proof of benefit if we cannot confirm your eligibility. We will continue to check your eligibility periodically and will only contact you again if we cannot verify your eligibility.

PARENT/CARER/CLAIMANT DETAILS

Mr/Mrs/Miss/Ms _____ Surname _____

First Name _____ Date of birth _____

Relationship to Student _____ **Mother/Father/Other**

Address: _____

_____ Postcode _____

Mobile Number : _____ Email: _____

National Insurance Number or NASS Ref Number (whichever is applicable) of Parent/Guardian/Claimant

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| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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DETAILS OF DEPENDENT CHILDREN ATTENDING ST PETER'S COLLEGIATE ACADEMY

| SURNAME | FIRST NAME | DATE OF BIRTH | GENDER M/F |
|---------|------------|---------------|------------|
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CLAIMANT'S DECLARATION:

I declare that the above information is true. I will be responsible for all costs of school meals consumed during any period when I am not in receipt of the above. I agree that you will use the information I have provided to process my claim for free school meals and will contact other sources as allowed by the law to verify my initial and ongoing entitlement.

Signature _____ Date _____