North East Lincolnshire Council

FREE SCHOOL MEAL APPLICATION FORM

Please select the 'next' button to start the form.

FOR OFFICIAL USE ONLY

Title | Customer Name

DOB | NINO

TEL

Email

Customer Address

Date Form Started 03/02/2017 11:11:22

Date of E-signing

Date Submitted

Data Validation Ref

Occupancy type

Advisor Name (who started form)

Advisor Department
Self-Service

Form Filename Free School Meals (1.0).wdf

Form Reference , / ,

Notes

V1

Page 2 - Help Information

Please read these guidance notes before completing your application form.

How to use this online form

This form uses the latest internet technology to make it quick and easy for you to complete and submit an online application. The form will help and guide you through your application and make sure it is filled in correctly. Once opened on the internet, you can fill in and save the form off-line. Reconnection to the internet is only required when submitting the completed form.

You can move between pages by using the **Next** and **Back** buttons, or directly to pages using the **Select Page** menu.

Dates: All dates on this form should be entered in the DD/MM/YYYY format, you should enter numbers using your keyboard separated by the **/** symbol.

Alternatively, you can use the calendar tool to select dates, which appears when you are answering a question that requires a date as an answer.

If you have any difficulty entering or changing a date on the form, please delete the entry and start again.

Submitting the form: When you have completed the form and it is free of errors, pressing the **Submit** button will send the data over the internet to us, so that we can begin processing your form immediately.

Help icons built into the form will also help guide you through the application, for further help in using this form click on the **Help** button on the control panel on the left.

Application for Free School Meals

If you would like your child to receive free school meals, please fill in this form and submit it online. If you give us your e-mail address we will send you an automated e-mail to confirm receipt of your form.

Part 1 Personal Details

Do you have a partner? No ☐ Yes ☐

Are you a pupil receiving Income Support or Income-based Jobseeker's Allowance and claiming free school meals for yourself? No ☐ Yes ☐

If "Yes", please enter the name and address of the school you attend:

Postcode

Benefit claim number (if known)

	You	Your Partner
Surname:		
Other names:		
Any other names you have used:		
Title:		
Address, including room number if you have one: Do not tell us your partner's address if it is the same as yours.	Postcode	Postcode
National Insurance (NI) number:	If you do not have an NI number, or cannot find it, tick this box. ☐	If you do not have an NI number, or cannot find it, tick this box. ☐
Date of birth:		
E-mail address:		
Daytime phone number:		
Mobile number:		
Please state the type of income you/your partner receive:		

If you are in receipt of Working Tax Credit, you will not qualify for Free School Meals.

Annual gross income (as assessed by HM Revenues and Customs):		
Your or your partner's NASS or SSAT reference number if you have one:		

Part 2 Children

How many children do you get child benefit for? ☐ If you have more than 8 children please tell us about them on the extra page.

	First Child	Second Child	Third Child	Fourth Child
Surnames:				
Other Names:				
Date of birth:				
Child's Gender:				
What is the child's relationship to you?				
Who gets the child benefit for them?				
Name and address of school:				
	Postcode	Postcode	Postcode	Postcode
Is this nursery, primary or secondary school?				
Does your child attend full or part time?	Full time ☐ Part time ☐	Full time ☐ Part time ☐	Full time ☐ Part time ☐	Full time ☐ Part time ☐

	Fifth Child	Sixth Child	Seventh Child	Eighth Child
Surnames:				
Other Names:				
Date of birth:				
Child's Gender:				
What is the child's relationship to you?				
Who gets the child benefit for them?				
Name and address of school:				
	Postcode	Postcode	Postcode	Postcode
Is this nursery, primary or secondary school?				
Does your child attend full or part time?	Full time ☐ Part time ☐	Full time ☐ Part time ☐	Full time ☐ Part time ☐	Full time ☐ Part time ☐

Part 3 Declaration

I understand that:

I declare that the information that I have given on this form is correct and complete.

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 law, to verify my initial and ongoing entitlement.

I agree that you can inform the school/schools attended by my child/children of the initial and ongoing entitlement to free school meals or if my entitlement stops.

I agree that you may use this information to let me know about other benefits that I am entitled to.

You may give some information to other government organisations if the law allows or requires this.

I will tell the Benefits Services about any change in my circumstances, which might affect my entitlement to free school meals

Please tick this box to declare that the information is accurate and to give permissions to the Benefits Services to check your eligibility for free school meals. ☐

Part 4 Extra space

Please use the space below for any additional information:

You have now reached the end of this online form.

You should have:

- **Entered all the relevant information**
- **Read and confirmed that you agree with the declaration**

If you have done the above, you may now submit the form using the 'Submit' button in the navigation panel