**Application for Free School Meals**

Return completed form to Student Services Logic Studio School.

This information is held securely and will be treated as strictly confidential.

Please use capital letter throughout

**Benefit Claimant:**

|  |
| --- |
| Title: Mr/Mrs/Miss/Ms |
| Your Surname: |
| Your First Name: |
| Your National Insurance number: |
| Address: |
|  |
|  |
| Postcode: |
| Main contact number:  |
| Relationship to child(ren): Mother Father Other (please state): |
| Marital Status: Married / Widowed / Divorced / Separated / Single / Living with partner: |

TICK THE BENEFITS YOU ARE CURRENTLY RECEIVING AND PROVIDE **ALL PAGES** OF PROOF BEING NO OLDER THAN 3 MONTHS.

Universal Credit with an annual net earned income of no more than £7,400. It does **not** include income through Universal Credit or other benefits that you may receive.

Please note: If you are in receipt of Universal Credit you will need to provide printouts of your last 3 month statements showing calculations of payment.

Income Support

Income-based Jobseekers Allowance

Income-related Employment and Support

Support from NASS under Part 6 of the Immigration and Asylum Act 1999

The guaranteed element of Pension Credit

Working Tax Credit (paid for the four weeks after you stop qualifying for Working Tax Credit)

Child Tax Credit (with no Working Tax Credit) with a joint gross annual income of no more than £16,190.

**About your children**

**Details of children for whom this application is made**

|  |
| --- |
| **Surname:** |
| **Child’s first name(s):** |
| **Child’s Date of Birth:** |
|  **Boy Girl** |

|  |
| --- |
| **Surname:** |
| **Child’s first name(s):** |
| **Child’s Date of Birth:** |
|  **Boy Girl** |

|  |
| --- |
| **Surname:** |
| **Child’s first name(s):** |
| **Child’s Date of Birth:** |
|  **Boy Girl** |

|  |
| --- |
| **Surname:** |
| **Child’s first name(s):** |
| **Child’s Date of Birth:** |
|  **Boy Girl** |

**YOU ARE REQUIRED TO IMMEDIATELY REPORT TO US ANY CHANGES IN YOUR CIRCUMSTANCES WHICH MAY AFFECT YOUR ENTITLEMENT**

**Declaration:** To be signed by both parents/partners/carers. If this is not possible (e.g.one parent family) the fact should be stated.

I/we hereby declare that the information on this form is correct.

I/we undertake to notify Springwest Academy immediately if my/our benefit stop.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_