

Eligibility Check for Free School Meals in Reception

Important: Please fill in **all** sections carefully. This information is needed to check your eligibility for Free School Meals. You will receive a Universal Infant Free School Meal during Reception Year, Year 1 and Year 2, but completing this form could provide your school with additional funding of £1,320 per year if you are eligible.

1 Parent/Guardian details

	Parent/Guardian 1	Parent/Guardian 2
Last name		
First name(s)		
Date of Birth		
National Insurance Number		
National Asylum Support Service No.		
Daytime Phone No.		
Mobile Phone No.		
Address		
	Postcode:	Postcode:
Email Address		

2 Parental responsibility

Relationship to child(ren): _____

Do you have parental responsibility for the child(ren)? Yes No

3 Details of all dependent children for whom you wish to claim Free School Meals

Legal Surname	First Name	Date of birth	School

4 Which benefit do you receive? (Please tick box below)

1. Income Support		5. Support under Part VI of the Immigration & Asylum Act 1999	
2. Income based Jobseeker's Allowance		6. Guaranteed Element of Pension Credit	
3. Employment & Support Allowance (income related)		7. 28 Day Working Tax Credit run on	
4. Child Tax Credit (without Working Tax Credit) & an annual gross income (as assessed by HM Revenue & Customs) that does not exceed £16,190		8. Universal Credit (with an annual net earned income of no more than £7,400*)	

* Your net earned income is your household income after taxes and deductions. It does **not** include income through Universal Credit or other benefits that you may receive.

6 Declaration: I confirm that as far as I know the information I have given above is correct.

I agree that Suffolk County Council will use the information I have provided to process my claim for free school lunches and will contact other sources (Department for Education and Department for Work and Pensions) as allowed by law to verify my initial, and continuing, entitlement. (please tick box)

The information may also be shared with other Council departments to offer benefits and services (eg Passenger Transport Unit to check eligibility for school transport). (please tick box)

I confirm that I have parental responsibility for the above-named child(ren). (please tick box)

Your signature: _____ Date: _____

Please email completed forms to freeschoolmeals@suffolk.gcsx.gov.uk

Please do not send any evidence with your application. If we need evidence later, we shall contact you. If you have any questions, you can contact the free school meals team on 01473 260989 or freeschoolmeals@suffolk.gcsx.gov.uk.

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