

# FREE SCHOOL MEALS

Family Reference:

## APPLICATION

Parent Name:

Please complete and detach this form and return to this address on page 3.

### SECTION 1 PUPIL AND PARENT DETAILS

#### Pupil Details

Please name all dependent children (under 17 years old) who you wish to claim for, who are not receiving benefits in their own right:

Surname	First Name	Date of Birth			School Name
		D	M	Y	

Have your dependent children previously received Free School Meals?

Yes                      No

Please state reference number if you know it:

#### Parent Details

Surname

First Name(s)

Preferred title (Mr/Mrs/Miss/Ms)

Relationship to pupil(s)

Your National Insurance Number or National Asylum Seekers Reference Number

Your Date of Birth

Day                      Month                      Year

Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone number where you can be contacted during the day:

Which authority is your Council Tax payable to? (e.g. Maldon District Council)  
Please answer even if you do not pay council tax

Do you currently receive free school transport?                      Yes                      No

## **SECTION 2 – FINANCIAL DETAILS**

**To be eligible for Free School Meals you must receive one of the following benefits:**

- Income Support
- Jobseekers Allowance  
(evidence must clearly state Income Based)
- Income Related Employment and Support Allowance
- Child Tax Credit, **not Working Tax Credit**, with an annual income not exceeding £16190
- Pension Guarantee Credit
- Employment and Support Allowance  
(evidence must clearly state Income Based)
- Support under Part V1 of the Immigration and Asylum Act 1999

### SECTION 3 – DECLARATION

#### Declaration by Parent / Guardian

I confirm that the information given is correct. I agree to notify Plume Academy immediately if my child should fail for any reason to attend the school for any reason, for any part of the year covered by the award, or if my benefit ceases. I understand that the information provided on this form may be used for the detection and prevention of fraud. I confirm that I am responsible for the child(ren) named on this form and that he/she lives / they live with me.

I agree that you can use the information I have provided to process my claim for free school lunches and will contact other sources as allowed by law to verify my initial and ongoing entitlement.

I understand that the results of any free school lunch eligibility check may also be used to assess my entitlement to school transport (if applicable).

I understand that my application will need to be renewed at the end of the academic year and I agree to provide new evidence of benefit entitlement if I am requested to do so.

I will inform you if I change my address.

Signed

Date

SCHOOL USE ONLY  
(Evidence of benefit must be enclosed with this form)

Form and evidence seen on: Date

Name:

Signature:

Sims:

Impact:

Form:

Reward Start Date:

Reward End Date:

Review Date:

**When you have completed this form please return with evidence of benefit to:**

Mrs S Nihill  
Plume Academy  
Fambridge Road  
Maldon  
Essex  
CM9 6AB