

## Free school meals application form 2020

Claim your free school meals

Help Bonneville secure its funding

### Who should use this form?

Use this form if you receive any of the benefits listed below.

This will allow your child to receive free school meals.

**Even if your child does not have a school meal, filling in this form will allow Bonneville to secure essential government funding. This also applies to all children in Reception, Year 1 and Year 2 who are in receipt of Universal Free School Meals.**

If you are not sure about your eligibility, please complete the form and we will be able to confirm this information for you.

As I am sure you are aware, Government cuts have reduced schools' funding dramatically. For this reason, we need to ensure that we apply for all our eligible funding. Last year, parents helped us to receive over £200,000 by completing this form. We used this money to pay for extra teachers and support for children at Bonneville. Registering for free meals could raise an extra £1,320 for our school.

### Eligibility for meals/funding

Children whose parents/carers receive any of the following are entitled to free school meals:

- Income Support
- Income-based Jobseekers Allowance
- Income-related Employment and Support Allowance
- Support from NASS (National Asylum Support Service) under part 6 of the Immigration and Asylum Act 1999
- the guarantee element of State Pension Credit
- Child Tax Credit (with no Working Tax Credit) and an annual income below £16,190
- Working Tax Credit run-on (paid for the four weeks after you stop qualifying for Working Tax Credit)
- Universal Credit with an annual net earned income of no more than £7,400.

### Parent/guardian details

	Parent/Guardian 1				Parent/Guardian 2			
Last name/ family name (as on your benefit letter)								
First Name								
Date of Birth	DD	MM	YYYY		DD	MM	YYYY	
National Insurance Number								
Address								

	Postcode:	Postcode:
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**PLEASE TURN OVER**

### Children's details

Please include all children attending Bonneville School, including children who do not require a school meal.

Last name / family name	First name	Date of birth

### Declaration

The information I have given on this form is complete and accurate. I agree that I will inform the school if my entitlement to one of the qualifying benefits is terminated. I understand that I will be liable for any costs incurred in providing free school meals for my child(ren), should I fail to inform the school of the termination of my benefit.

I understand that my personal information is held securely and will be used to process my application for free school meals, including communication with other sources as allowed by law to verify my initial and ongoing entitlement to free school meals.

I have read and understood the above declaration.

**Signed** \_\_\_\_\_ (Parent/guardian)

**Date** \_\_\_\_\_