

BLAENAU GWENT COUNTY BOROUGH COUNCIL

APPLICATION FOR

Free School Meals

This form must be returned to School Services Division, Municipal Offices, Civic Centre,
Ebbw Vale, Blaenau Gwent. NP23 6XB

PART 1

NOTES ON COMPLETION OF APPLICATION FORM

GENERAL INFORMATION

1. Please note that **ONE APPLICATION PER FAMILY IS SUFFICIENT.**
2. All applicants must complete Parts 2, 3, 4, 5 and 6 of this form. If parts are not completed the Form may be returned to you.
3. Part 2 **MUST** be completed by the Benefit Agency. **DO NOT ENCLOSE YOUR BENEFIT PAYMENT BOOK.**
4. The names of **ALL** members of your family, together with the dates of birth of all your children and schools attended (if any), should be given. Applications for children due to change schools in September should state their present school and the new school they will attend.
5. Pupils attending nursery units on a part-time basis are not eligible for Free Meals.

FREE SCHOOL MEALS

6. Free meals can only be provided to a pupil whose parents are in receipt of Income Support/Job Seekers Allowance (Income Based) or who is himself in receipt of it. Please note that in urgent cases, evidence of receipt of Income Support/Job Seekers Allowance can be produced direct to the Headteacher of your child's school, in order that free meals can be provided for a temporary period (maximum of 1 week), whilst your application form is being processed.
7. From 6th April 2003 a new category of eligibility for free school meals was extended to children whose parents are entitled to child tax credit, but not to working tax credit. The education order 2003 limits eligibility to parents in receipt of child tax credit who have an annual taxable income not exceeding a level set by the Treasury for purposes of the Tax Credits Act 2002. This is currently set at £13, 230.

PART 3

ALL APPLICANTS MUST COMPLETE THIS PART

Surname of Parent/GuardianInitials.....Mr/Mrs/Miss/Ms)
Relationship to Pupil(s))
Surname of Pupil(s) if different from above)
Address) **PLEASE**
.....) **USE**
.....) **BLOCK**
..... Post Code) **CAPITALS**
.....)
.....)
Telephone No.)
Previous Address)
.....)
.....)

PART 4

ALL APPLICANTS MUST COMPLETE THIS PART

1. Are you and/or your wife/husband currently receiving Income Support/ Job Seekers Allowance Income Based or Child Tax Credit? Yes/No)
.....) **Cross**
2. Please state which Benefit Office is dealing with your claim) **out words**
.....) **which do**
3. Please state your N.I. number) **not apply**
.....)
4. State if Married, Single, Widow, Widower, Separated, Divorced)
.....)
5. Have you made a previous application during the last 2 years? If yes, Yes/No)
please state any change of surname and/or address since your
previous application
.....
.....

PART 5 DECLARATION

I certify that the information given above and overleaf is, to the best of my knowledge and belief, correct and I undertake to notify the Council immediately of any change in the circumstances set out therein. Further, I am agreeable to any investigation being made to verify the accuracy of the information given.

Date Signature of Parent/Guardian

PART 6

ALL APPLICANTS MUST COMPLETE THIS PART

YOU MUST ENTER BELOW FULL DETAILS OF EVERYONE WHO RESIDES AT YOUR ADDRESS AND THE NAME OF EACH CHILD MUST BE ENTERED ON A SEPARATE LINE. IT IS VERY IMPORTANT THAT THE CORRECT AGE AND DATE OF BIRTH IS GIVEN FOR EACH CHILD

	Full Name	Relationship to Applicant	Date of Birth (Children only)	Age (Children only)	School attending (if any) (see note 4 on front page)
		Applicant	-	-	
		Wife/Husband	-	-	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

FOR OFFICE USE ONLY

FREE MEALS (.....pupils) **FROM** **TO**

Income Support Checked by **DATE**

PART 2

TO BE COMPLETED BY THE BENEFITS AGENCY

I hereby certify that Mr/Mrs/Miss/Ms.

of

is currently receiving Income Support/Job Seekers Allowance (income based)/Child Tax Credit in respect of the child/children listed in part 4 of this application form.

Date commenced receiving the above benefit ____/____/____

Signature of Officer at Benefits Agency

Date

Official DSS Stamp

