



**Student Services
The Civic Centre, Lampton Road
Hounslow TW3 4DN
Telephone 0208 583 2781/2820**

**Judith Pettersen
Corporate Director**

Application for Free School Meals

The information given will be treated as strictly confidential.
The fully completed form should be sent to the above address.
Incomplete forms will be returned.

Please use capital letters throughout.

BENEFIT CLAIMANT

TITLE: Mr/Mrs/Miss/Ms	National Insurance Number:	
YOUR SURNAME:	FIRST NAME(S):	
ADDRESS:		
POSTCODE:	Date of Birth: Mother	Father
HOME TELEPHONE:	MOBILE TELEPHONE:	
RELATIONSHIP TO CHILD(REN)	Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/>	
MARITAL STATUS (Married/Widowed/Divorced/Separated/Single/Partner)		

PLEASE TICK WHICH BENEFIT, IF ANY, YOU ARE CURRENTLY RECEIVING:

- Income Support**
- Jobseeker's Allowance (Income-based)** – please include *all pages (1-4)*.
- An Income-Related Employment and Support Allowance** (Introduced since 27 October 2008)
- Child Tax Credit** (provided you are **not receiving Working Tax Credit**) and have an annual taxable income, as assessed by the Inland Revenue, of **less than £16,040** from 6th April 2009-provide your Tax Credit Award Notice TC602 (all pages)
- Guaranteed Element of State Pension Credit** – please provide all pages
- Financial support, in accordance with the Immigration and Asylum Act 1999, from the National Asylum Support Service (NASS) or the Council's Asylum and Resettlement Team** – please provide a letter from NASS.

PLEASE PROVIDE EVIDENCE (Letters of proof must be valid within the last 3 months)

ABOUT YOUR CHILDREN

Details of children for whom application is made

Office use only

Surname	First name/s	Date of birth	Name of school	Boy/Girl	I/D No.

Names of other children (including adopted children) living at home, for whom you receive Child Benefit

Surname	First name/s	Date of birth	Name of school	Boy/Girl	I/D No.

For office use only

Number of children entitled: _____

From _____ to _____ Acknowledged by _____

PLEASE TICK APPROPRIATE BOX AND SIGN DECLARATION

Monitoring Information

The Authority has a responsibility under the Citizen's Charter to collate information on ethnicity. It would be helpful if you could complete this section.

Ethnic origin – How would you describe your ethnic origin? *Please tick appropriate box*

White British-English	<input type="checkbox"/>	Other White Background	<input type="checkbox"/>	Black Ghanaian	<input type="checkbox"/>
White British-Scottish	<input type="checkbox"/>	Dual White/Caribbean	<input type="checkbox"/>	Black Somali	<input type="checkbox"/>
White British-Welsh	<input type="checkbox"/>	Dual White/Black African	<input type="checkbox"/>	Other Black African	<input type="checkbox"/>
Other White British	<input type="checkbox"/>	Dual White/Asian	<input type="checkbox"/>	Other Black Background	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Other Mixed Background	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
White Traveller/Irish Heritage	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Afghani	<input type="checkbox"/>
White Gypsy/Roma	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Arab Other	<input type="checkbox"/>
White Albanian	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Filipino	<input type="checkbox"/>
White Bosnian/Herzegovinian	<input type="checkbox"/>	Sinhalese	<input type="checkbox"/>	Iranian	<input type="checkbox"/>
White Croatian	<input type="checkbox"/>	Sri Lankan Tamil	<input type="checkbox"/>	Iraqi	<input type="checkbox"/>
White Kosovan	<input type="checkbox"/>	Other Asian Background	<input type="checkbox"/>	Kurdish	<input type="checkbox"/>
White Serbian	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>	Lebanese	<input type="checkbox"/>
Turkish/Turkish Cypriot	<input type="checkbox"/>	Black Nigerian	<input type="checkbox"/>	Other Ethnic Group	<input type="checkbox"/>

Data Protection

This Authority is under a duty to protect the public funds it administers and to this end may use the information you have provided on this form within this Authority for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes.

The information supplied on this form will be held on computer by this Authority and will be subject to the terms of the Data Protection Act 1984.

Declaration

To be signed by both parents/partner/guardians. If this is not possible (e.g. one parent family) the fact should be stated.

IF YOU DO NOT ATTACH ALL THE NECESSARY DOCUMENTS WE WILL NOT BE ABLE TO PROCESS YOUR APPLICATION AND IT WILL BE RETURNED TO YOU

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

I/we undertake to notify the Council immediately my/our benefit stops.

I/we authorise the LA to check the details with the benefit office.

Signed _____ (Mother/stepmother/Guardian) Date _____

Signed _____ (Father/stepfather/Guardian) Date _____