

# free school meals and/or school clothing allowance



## 1 Details of parent/legal guardian

The form should be completed by the parent/legal guardian who is in receipt of the qualifying benefit:

Title (Mr/Mrs/Miss/Ms)	Surname	First name(s)	
Address:			
Postcode	Email Address		
Home Phone	Mobile		
National Insurance number or Home Office number		Date of Birth	

## 2 Partner's details

Title (Mr/Mrs/Miss/Ms)	Surname	First name(s)	
National Insurance number or Home Office number			
		Date of Birth	

## 3 Change of name or address

If you or your child/ren have changed name and/or address in the last year, please give previous details below:

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## 4 If you are eligible for free school meals, do you wish your child/ren to receive them? YES / NO

## 5 Details of any children in the family

Please include in the boxes below details of all dependent children who are living with you and are in attendance at school or nursery. Please include the names of any children who will be starting school or full-time nursery in the next 12 months.

First name	Surname	Male/ Female	Date of birth	Name of school/nursery

## 6 School Clothing Payments – not required for students at academies

If you are eligible to receive school clothing allowance, we will pay the money directly into your bank account.

Please complete your bank account details below:

Name and address of the bank or building society:	Bank sort code	<input type="text"/>
	Account number	<input type="text"/>
	Name of account holder(s)	<input type="text"/>

## 7 Qualifying confirmation

The qualifying benefits to be eligible to receive free school meals, free mail and/or school clothing allowance are:

- Income Support
- Income-based Jobseeker's Allowance
- Employment and Support Allowance (Income Related)
- Guarantee element of Pension Credit
- Support under part IV of the Immigration & Asylum Act 1999
- Universal Credit with an annual net earned income of £7,400 or below

### Free School Meals only

- Your annual income is not more than £16,190 (as assessed by Her Majesty's Revenue and Customs) and you are in receipt of Child Tax Credit
- **NOT WITH WORKING TAX**

### School Clothing Allowance only

- Your annual income is not more than £16,190 (as assessed by Her Majesty's Revenue and Customs) and you are in receipt of Child Tax and/or Working Tax Credit
- **NOT FOR STUDENTS WHO ATTEND ACADEMIES**

**You may be asked to provide proof of your entitlement to one of the above if we are unable to confirm your eligibility via online checks.**

## 8 Declaration to be signed by ALL applicants

I understand that my entitlement to free school meals and/or school clothing allowance will continue only as long as I am in receipt of qualifying benefits. I will **immediately** inform the **Pupil Benefits Team** if my entitlement to **qualifying benefits end and/or the contact details for myself and/or my child/ren change**. I understand that if I do not inform you of a change to my circumstances and my child/ren continues to receive free school meals or school clothing allowance I will have **to repay the amount in full**.

I declare that all of the information provided on this form and associated documents is complete and true and I authorise Nottingham City Council to take such steps as they consider necessary to verify the information provided.

I understand that you must protect the public funds that you handle and that you may use the information provided to prevent and detect fraud. You may also share this information with other organisations that handle public funds. I understand that to give false information may lead to prosecution.

Claimant:		Partner:		Call Taker:	
Signed:		Signed		Date:	08.09.2020
Date:		Date:		Time:	

Once you have completed the application return the form to: [pupil.benefits@nottinghamcity.gov.uk](mailto:pupil.benefits@nottinghamcity.gov.uk)

Please note, it will be processed far quicker if you email the form, not post it.

Pupil Benefits Section  
College Street Centre  
College Street  
Nottingham  
NG1 5AQ

Tel: 0115 915 4084

### FOR OFFICE USE ONLY

Received Date		FSM start	
Processed Date		SCA issue	
Assessed By		EMS Number(s)	

Benefits Confirmation	Proofs/OCP		
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