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**Free school meal declaration form**

Please complete this form and return it to the school office or via post to Carnforth School, Carnforth Drive, Worcester, WR4 9HG to either register your child or indicate that you believe your child is ineligible for a free school meal.

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| --- | --- | --- |
|  | Your details | Your partners details |
| Title |  |  |
| First name  |  |  |
| Surname  |  |  |
| Date of Birth  |  |  |
| National Insurance number |  |  |
| Relationship to child |  |  |
| Address |  |  |
| Telephone number  |  |  |
| Email Address |  |  |

|  |  |
| --- | --- |
| I am/We are in receipt of: |  |
| Income Support |  |
| Income-based Jobseeker’s Allowance  |  |
| Income-related Employment and Support Allowance |  |
| Support under Part VI of the Immigration and Asylum Act 1999 |  |
| The guaranteed element of State Pension Credit |  |
| Child Tax Credit (and I am not entitled to Working Tax Credit and do not have an annual gross income of £16,190 or more) |  |
| Working Tax Credit run-on – paid for four weeks after no longer qualifying for Working Tax Credit |  |
| Universal Credit |  |
| Not in receipt of benefits but would like to apply for Universal Infant Free School Meal for my child in Key Stage 1 |  |

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| --- |
| Details about all the children who you receive Child Benefit for that attend school |
| Surname | First Name | Date of Birth |
|  |  |  |
|  |  |  |
|  |  |  |

I certify that the information given is correct, and I will notify you immediately of any changes in my personal or benefit details. I agree that you will use the information I have provided to process my claim for Free School Meals and will contact sources as allowed by the law to verify my initial and ongoing entitlement.

I understand the detail provided as a result of the FSM eligibility check are confidential so will be held securely.

Applicants signature:……………………………………………………………………

|  |  |
| --- | --- |
| Checked by | Award Dates |
|  | From | To |