FREE SCHOOL MEALS APPLICATION

Please complete your application	on and return to	Mrc K Crovedill in	the School Finance Office
Please complete your application	on and return to I	virs K Crovsaili in	the School Finance Office

Student Information			
Forename:			
Surname:			
Form:			
Parent / Carer Informatio	n		
	Parent / Carer 1	Parent / Carer 2	
Forename:			
Surname:			
Address:			
National Inurance Number:			
Parent's Date of Birth:			
Phone number:			
Email:			
Required Documentation (All pages of any docume	- Please tick the relevant box ent must be provided)		
Universal Credit with an annu	al net earned income of no more that	an £7,400	
Income Support			
Income-related Employment and Support Allowance			
Income Based Job Seekers Allowance			
Support under Part VI of the Immigration and Asylum Act			
Child Tax Credit (with an annual taxable income of less than £16190.00)			
The Guaranteed Element of S	The Guaranteed Element of State Pensions Credit		
Please note if you are in red	eipt of Working Tax Credit you ar	re not entitled to receive Free Scho	ool Meals
Is your joint family income ov * Please delete as appropriat	er £16,190.00 per year? * Yes / N e	No	
DECLARATION The information I have given on my family's financial circumstan		gree to notify the school in writing of an	y change in
Parent / Carer Signature:		Date:	