1685109512538

FREE SCHOOL MEAL APPLICATION FORM

**PARENT/GUARDIAN DETAILS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Parent/Guardian 1** | | | | | | | | | **Parent/Guardian 2** | | | | | | | | |
| **First Name** |  | | | | | | | | |  | | | | | | | | |
| **Last Name** |  | | | | | | | | |  | | | | | | | | |
| **Date of Birth** |  | | | | | | | | |  | | | | | | | | |
| **National Insurance Number** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **National Asylum Support Service (NASS) Number** |  | | | | | | | | |  | | | | | | | | |
| **Telephone Number** |  | | | | | | | | |  | | | | | | | | |
| **Mobile** |  | | | | | | | | |  | | | | | | | | |
| **Home Address** |  | | | | | | | | |  | | | | | | | | |

**ABOUT YOUR CHILD/CHILDREN**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Surname** | **First Name** | **Gender Male/Female** | **Date of Birth**  **DD / MM / YYYY** | | | **Form Group** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**FAMILY INCOME AND BENEFIT DETAILS**

If you receive any of the benefits listed below, please place an X in this box.

* Universal Credit with an annual net earned income of no more than £7,400, before benefits are taken into account.
* Income Support
* Income-based Jobseeker’s Allowance
* Income-related Employment and Support Allowance
* Support under Part 6 of the Immigration and Asylum Act 1999
* The guarantee element of Pension Credit
* Working Tax Credit run-on (paid for the four weeks after you stop qualifying for Working Tax Credit)
* Child Tax Credit (with no Working Tax Credit) with an annual income of no more than £16,190

**If you are not sure whether you receive one of the listed benefits, or what your household income is, but you would like us to check whether your child is eligible for free school meals, please place an X in this box.**

**DECLARATION**

The information I have given on this form is complete and accurate. I understand that my personal information is held securely and will be used only for school purposes. I agree to the school using this information to process my application for free school meals. I also agree to notify the school in writing of any change in my family’s financial circumstances as set out in this form.

**Signature of parent/guardian:** ……………………………………

**Date:** …………………………………………………………………………….

**THANK YOU FOR COMPLETING THIS FORM**



**How the information in this form will be used**

The information you provide in this form will be used by the school to confirm receipt of one of the listed welfare benefits and to decide whether your son or daughter is eligible for free school meals.

You only need to complete this form once and it will last for the duration of your child’s time at Fortismere School. **If there is a change in your personal information you will need to complete a new form.**

**If you wish to withdraw your consent for the school to use your data to complete the FSM eligibility check on your behalf, please email:** [admin@fortismere.org.uk](mailto:admin@fortismere.org.uk)

Please ensure you have completed this form in full. Submit completed forms to: [admin@fortismere.org.uk](mailto:admin@fortismere.org.uk)

*Fortismere School is committed to protecting the privacy and security of all personal and sensitive information we hold. Please refer to the school’s privacy notice, which describes how we collect and use personal information, in accordance with the General Data Protection Regulation (GDPR).*