

Application Form for Free School Meals at School

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Important: All sections must be filled in clearly in BLOCK CAPITALS and must be completed by the person claiming the qualifying benefit. If you have any questions, please call the Helpline on 0845 345 9122.

1. Details about you										
Legal Surname	Legal Forename	Title	Date of Birth	National Insurance Number or National Asylum Support Number						

2. Your address:

Address: _____
 Post Code _____ Relationship to child(ren): _____
 Telephone Number(s): Daytime _____ Mobile _____
 Child(ren)'s Address: _____ Post Code _____
 (if different)

3. Details of each dependant child that you wish to claim for in Somerset (include all children):

Legal Surname	Legal Forename	M/F	Date of Birth	Name of School Attending (if School Age)	Office Use only

Please note: Any award of Working Tax Credit (other than the 4 week 'run on') automatically disqualifies entitlement to free school meals. The Government does not allow us to recognise any benefit other than those listed on the Somerset County Council website/application form.

Where did you find out about Free School Meals?

4. Declaration: I confirm that the information I have given above is correct. I will tell you immediately if my details (for example address) or my circumstances change.

I wish for Somerset County Council to be able to assess my claim now and in the future via a secure computer link with the Department for Education. I agree that Somerset County Council can use the information I have provided to process my claim for free meals and can contact other sources as allowed by law to verify my initial and continuing entitlement. The information requested will be held securely and will only be disclosed to staff in the Local Authority or partner agencies who have a right of access, as well as, where appropriate, to the Department of Education, Ofsted and Capita Children's Services. If a disclosure elsewhere becomes necessary, we will contact you before doing this. When no longer required, it will be disposed of in a manner appropriate to its sensitivity.

Your signature: _____ Date: _____

Please return this form to: Entitlements Team, County Hall, Taunton, TA1 4DY

Office Use Only		ECS	Core Data	EMS	Letter sent
Y/N					