**Application for**

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:

|  |
| --- |
|  |

**4 If you are eligible for free school meals, do you wish your child/ren to receive them? Y / N**

**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** |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
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|  |  |  |  |  |

**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:

**Bank sort code**

**Account number**

**Name of account holder(s)**

**Name and address of the bank or building society:**

**7 Qualifying confirmation**

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

**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
* **PLEASE NOTE: WORKING TAX CREDIT IS NOT A QUALIFYING BENEFIT FOR FSM**

**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 **(excluding pupils who attend academies)**
* Income Support
* Income-based Jobseeker’s

Allowance

* Employment and Support

Allowance (Income Related)

* Guarantee element of Pension

Credit

* Support under section 95 of the

Immigration & Asylum Act 1999

* Universal Credit with an annual

net earned income of £7,400 or

below

**You must provide proof of your entitlement to one of the listed benefits along with this completed application form. *(Failure to provide the relevant supporting documentation may affect the processing of your claim)***

**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 continue 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: |  |
| Signed: |  | Signed |  |
| Date: |  | Date: |  |

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

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Received Date |  |  | FSM start |  |
| Processed Date |  |  | SCA issue |  |
| Assessed By |  |  | EMS Number(s) |  |
| Benefits Confirmation | Proofs/OCP |  |