## **Application for Free School Meals**

# **Pupil Details**

Enter the names of your children (between 4 and 11 years) who you wish to claim for.

| First Name | Last Name |
|------------|-----------|
|            |           |
|            |           |
|            |           |
|            |           |

### **Your Details**

| Your Name | Your relationship to pupil | Your Date of Birth |  |
|-----------|----------------------------|--------------------|--|
|           |                            |                    |  |

### **Your National Insurance Number**

| Example JP | 11 | 11 | 11 | 11111 |
|------------|----|----|----|-------|
|            |    |    |    |       |

#### **Declaration**

I confirm the above information is correct.

I will notify Essex County Council if my child stops attending school.

I will notify Essex County Council if my benefits cease.

I understand the information I provide above may be used by Essex County Council to prevent and detect fraud.

I understand I will need to reapply annually.

#### **Signed**

**Eligibility**: If you are in receipt of any of the following benefits then you may be eligible for free school meals.

Income Support

Child Tax Credit (& annual income of less than £16,190)

Income Based Job Seekers Allowance

Income related Employment and Support Allowance

Working Tax Credit 'run on'