

GLADESMORE COMMUNITY SCHOOL APPLICATION FORM FOR FREE SCHOOL MEALS



Please return to;
School Office
Gladesmore Community School
Crowland Road
London N15 6EB

This form should be returned to
Gladesmore Community School by:

8th July 2019

Please read all the information carefully before completing the reverse of this form.

Who is Eligible?

Free School Meals can be awarded to children who attend a state maintained school on a full time basis.

In order to be eligible the parent/carer must be in receipt of one of the following:

- Universal Credit (provided you have an ANNUAL net earned income of no more than £7,400, as worked out by using net earnings from up to the last three months)
- Income Support
- Income Based Jobseekers Allowance
- Employment and Support Allowance (IR)
- Assisted as an Asylum Seeker under part V1 of the immigration Act 1999
- Child Tax Credit **only**, and have an annual income of less than £16,190
- The Guaranteed Element of State Pension Credit

Please note that if you **are** receiving **Working Tax Credits** you **will not** be entitled to Free School Meals for your child/children **unless** your entitlement to Working Tax Credits is being paid to you in the four week period after your employment has ceased or you have started to work less than 16 hours per week. If this is the case, then a free school meal can be provided for that four week period once you provide your Tax Credit Decision Notice from HMRC.

How to Apply

Please complete the form overleaf, in BLACK INK and using BLOCK CAPITALS. You should ensure that you have signed the form and hand it straight to the School Office at Gladesmore Community School (address at the top of this form). Unfortunately, any forms that are not signed will be returned to sender and this will lead to a delay in the Free School Meal being given.

Is Evidence of Benefit Entitlement Required?

You MUST provide evidence of your benefit when you submit this form. We may also check your Entitlement to a free school meal using the Department of Education's Eligibility Service (ECS).

Is this is your **first** application at Gladesmore School?

If this is the first application you **must** also provide a copy of your **child's birth certificate or Child Benefit letter**. You must ensure, therefore, that all the details you give on this form is accurate and clearly written. Occasionally we may write to you to request certain evidence.

DETAILS OF PARENT OR CARER Please fill in your details in the spaces provided below

Surname:

Mr/Mrs/ Miss/Ms	
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First name:

National Insurance No.:

Date of Birth:

_ DAY / _ MONTH / _ YEAR

 HOME ☎:

NASS Reference:

(where applicable)	
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 WORK ☎:

Address:

Post Code:

IS THIS YOUR FIRST APPLICATION FOR GLADESMORE? Yes No

DETAILS OF YEAR 7 CHILDREN FOR WHOM YOU ARE CLAIMING FREE MEALS

In the space provide below, please give the details of your child or children attending Gladesmore for whom you are claiming free school meals.

First Name:	Surname:	Date of Birth:	Boy ✓	Girl ✓
		_ DAY / _ MONTH / _ YEAR		
		_ DAY / _ MONTH / _ YEAR		
		_ DAY / _ MONTH / _ YEAR		
		_ DAY / _ MONTH / _ YEAR		
		_ DAY / _ MONTH / _ YEAR		

DECLARATION TO BE SIGNED BY THE PARENT(S*) or CARER(S*) (*as applicable)

I confirm that the information given in this form is true and complete. I accept that you will retain my details to check eligibility for free school meals and that you may:

- Use this information to prevent fraud
- Share this information with other departments who deal with public funds

I will inform the Gladesmore Community School at once if my entitlement stops and I will pay for any meals taken from the date on which entitlement of benefit ceases.

I understand that I may be prosecuted if I give false information or fail to notify Gladesmore Community School when benefits stops.

I give Gladesmore Community School permission to verify my claim for Free School Meals from the records of other Council Departments and Department for Education's Eligibility Checking Service (HUB).

Parent/Carer's Signature:	Date: _ DAY / _ MONTH / _ YEAR
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FOR OFFICE USE ONLY

Start date:	HUB CHECK: <input type="checkbox"/>	CARD ISSUED: <input type="checkbox"/>	SIMS: <input type="checkbox"/>
Signed:	Date:		