GLADESMORE COMMUNITY SCHOOL APPLICATION FORM FOR FREE SCHOOL MEALS



Please complete and email this form along with your benefit documents to:

freeschoolmeals@gladesmore.com

This form should be returned to	
Gladesmore Community School by:	

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 you must provide one of the following benefits:

(No more than 3 months old)

- Income Support
- Income Based Jobseekers Allowance
- Income-related Employment and Support Allowance
- Support under Part VI of the Immigration and Asylum Act 1999
- The Guaranteed Element of State Pension Credit
- Child Tax Credit only, and have an annual income of no more than £16,190
- Universal Credit—If you apply on or after 1st April 2018 your household income must be less than £7,400 a year (after tax and not including any benefits you get)

Is Evidence of Benefit Entitlement Required?

You MUST provide evidence of your benefit when you submit this form.

If you cannot provide the benefit letter, a bank statement showing the benefit that you receive can be accepted.

Is this is your first application at Gladesmore School?

If this is the first application you <u>must</u> also provide a copy of your <u>child's birth certificate</u>. 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.

For more information about free school meals, please telephone Ms Safak on 0208 800 0884.

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. 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

DETAILS OF P		K CARER Ple	ease fill in your	details in the spaces pro	vided be	elow		
Surname:	Mr/Mrs/ Miss/Ms							
First name:								
National Insurance	e No.:							
Date of Birth:	DAY / M	ONTH / YEAR	НОМЕ	~ :				
NASS Reference: (where applicable)			WORK	* :				
Address:								
Post Code:								
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Start date:			нив снеск: С	CARD ISSUED:	SIMS:			
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