**APPLICATION FOR FREE SCHOOL MILK AND MEALS**

|  |  |  |
| --- | --- | --- |
|  | **You** | **Your Partner** |
| **Last Name** |  |  |
| **Other Name(s)** |  |  |
| **Title** (Mr, Mrs, Ms etc) |  |  |
| **Address**(Do not tell us your partner's address if it is the same as yours) |  |  |
| **Post Code** |  |  |
| **Date of Birth** |  |  |
| **National Insurance Number** |  |  |
| **National Asylum Seeker Service Reference Number** |  |  |
| **Your Daytime Telephone Number** |  |  |
| **Email** |  |  |

**Please tick the items you wish to apply for from the following**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  **Free School Meals** | **No** |  |  **Free School Milk** | **No** |  |
|  | **Yes** |  |  | **Yes** |  |

**Please list all the children who live with you and who are at school**

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name | First Name(s) | Date of Birth | Name of School |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please give details if any of the above children will be changing schools in the near future**  | Child's Name |  | Child's Name |
|  |  |  |
| New School |  | New School |
|  |  |  |
| Date they will start new school |  | Date they will start new school |
|  |  |  |

**Declaration:** Please read this declaration carefully before you sign and date it.

**I understand the following.**

1. If I give information that is incorrect or incomplete, you may take action against me.
2. You may use any information I have provided in connection with this and any other claim for social security benefits that I have made or may make. You may give some information to other government organisations, and Capita (School Information Management System) if the law allows this.
3. I knowI must let the council know straight away about any changes in my circumstances that might affect my claim. I understand that if I have knowingly provided false or incomplete information and fail to inform you of changes in my circumstances, I may have action taken against me.

**I declare the information I have given on this form is correct and complete.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Your signature:** |  |  | **Date:** |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Your partner's signature:** |  |  | **Date:** |
|  |  |  |

Please return to the school office as soon as possible

Thank you