

# Application for Free School Meals



Please return your completed form with benefit proof either in person to the office (open Monday, Tuesday, Thursday, Friday from 8.40am – 5.00pm and Wednesday 9.30am – 5.00pm) or by post to: Customer Services, Civic Centre, PO Box 4, West Street, Oldham OL1 1UH  
Telephone enquiries to 0161 770 6688

|                       |
|-----------------------|
| First name .....      |
| Last name .....       |
| Address .....         |
| .....                 |
| ..... Postcode .....  |
| Date of Birth:        |
| Daytime telephone no. |

It is an offence to give false or misleading information and could lead to prosecution.

National Insurance number

Housing Benefit Reference number

N.B Please ensure the National Insurance number relates to your name.

## Details of benefit

Please tick the appropriate box to indicate which benefit you receive.

- |  |   |
|--|---|
| <input type="checkbox"/> Income Support<br>(Please provide a recent letter)                                      | <input type="checkbox"/> Universal Credit<br>(Please provide a recent letter)   |
| <input type="checkbox"/> Income Based Jobseekers Allowance<br>(Please provide a recent letter)                   | <input type="checkbox"/> Support under Part VI of the Immigration and Asylum Act 1999<br>(Please provide NASS card or Home Office letter) |
| <input type="checkbox"/> An income-related Employment and Support Allowance<br>(Please provide a recent letter)  |   |
| <input type="checkbox"/> Child Tax Credit (Not Working Tax Credit)<br>(Please provide a recent award notice)     |   |
| <input type="checkbox"/> The Guarantee element of State Pension Credit<br>(Please provide a recent award notice) |   |

Details of child(ren) Please add details of all children under 19 who attend school full time.

| Surname | First name(s) | Date of Birth | Name and address of school | School Year |
|---------|---------------|---------------|----------------------------|-------------|
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We must protect the public funds that we handle and so we may use the information which you have provided on this form to prevent and detect fraud. We may also share the information for the same purpose with other organisations which handle public funds or where it is deemed to be of benefit to the pupil.

Please read this declaration and sign beneath it

I declare that the information given above is, to the best of my belief and knowledge, correct. If during the period for which the claim is granted there are any changes in my circumstances, I shall notify Customer Services at Oldham Council. (Failure to notify Customer Services will result in your having to pay for meals taken beyond the period of entitlement.)

I understand that Customer Services may check with Job Centre Plus or any other Council Departments, statements as given.

Signature ..... Date .....

Form completed by someone other than the claimant

This section must be completed if the claimant form has been filled in by someone on your behalf.

Name of person who completed the form .....

Signature ..... Relationship to you .....

Pupils, as data subjects, have certain rights under the Data Protection Act, including a general right of access to personal data held on them, with parents exercising this right on their behalf if they are too young to do so themselves. If you wish to access the personal data held about your child please contact Oldham Council in writing. The Data Protection Officer, Oldham Council, Civic Centre, West Street Oldham OL1 1UT

**Office Use Only**

Approved By ..... Checked Academy .....

Date ..... Claimant I.D..... Checked ECS .....

Supporting Evidence .....

Application received: By Post/In person (If Required)

(Delete above as appropriate)