

Eligibility Check for Free School Meals

Important: Please fill in **all** sections carefully. This information is needed to check your eligibility for Free School Meals. Completing this form could provide your school with additional funding of up to £1,320 per year if you are eligible.

1 Parent/Guardian details

	Parent/Guardian 1 (and address of child/ren)	Parent/Guardian 2
Last name		
First name(s)		
Date of Birth		
National Insurance Number		
National Asylum Support Service No.		
Daytime Phone No.		
Mobile Phone No.		
Address		
	Postcode:	Postcode:
Email Address		

2 Parental responsibility

Relationship to child(ren): _____

Do you have parental responsibility for the child(ren)?

Yes

☐

No

☐

3 Details of all dependent children for whom you wish to claim Free School Meals

Legal Surname	First Name	Date of birth	School

4 Declaration: I confirm that as far as I know the information I have given above is correct.

I agree that Suffolk County Council will use the information I have provided to process my claim for free school lunches and will contact other sources (Department for Education and Department for Work and Pensions) as allowed by law to verify my initial, and continuing, entitlement. ☐ (please tick box)

The information may also be shared with other Council departments to offer benefits and services (eg Passenger Transport Unit to check eligibility for funded school travel). ☐ (please tick box)

I confirm that I have parental responsibility for the above-named child(ren). ☐ (please tick box)

I note that I will be emailed the result of the eligibility check to the email provided in this form, only if my application proves eligibility. (please tick box)

Your signature: _____ **Date:** _____

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