



# St. Bede's Catholic College Free School Meals Application Form

Please complete this form in BLOCK CAPITALS

**Parent(s)/Guardian(s) Details**

Title	First Name (s)	Surname	Date of Birth
(A)			
(B)			
You must provide your National Insurance number(s) here:		A	
		B	
Or Asylum Seeker number here:			
Address:		Telephone number:	
		Mobile number:	
Post Code:		Email Address:	
If your address has changed in the past six months, write the old one here:			

If you change your address you MUST inform St Bede's Catholic College immediately to ensure that renewal forms and correspondence are sent to the correct address.

You must have parental responsibility for all the children on this application. Tick here to confirm this:

**Child(ren)'s Details (ONLY INCLUDE CHILDREN WHO ATTEND ST BEDE'S CATHOLIC COLLEGE)**

First Name(s)	Surname	Sex	Date of Birth	Academy
				St. Bede's Catholic College

*Please continue on another sheet if necessary*

THE OTHER SIDE OF THIS FORM GIVES DETAILS OF QUALIFYING BENEFITS AND HOW TO APPLY. BEFORE YOU APPLY PLEASE READ AND SIGN THE FOLLOWING UNDERTAKING.

'I agree that you will use the information I have provided to process my claim for free school meals and will contact other sources as allowed by law to verify my initial, and ongoing entitlement'.

'I understand that the results of any free school meals eligibility check may also be used to assess my entitlement to receive e.g. free travel to school'.

I confirm that the information given on this form is correct and I will inform you immediately of any change in circumstances. I understand that any false or misleading information given on this form or failure to disclose relevant information may make this application void and could render me liable to legal proceedings.

I confirm that the children named above are included in my claim.

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

**PLEASE DO NOT FORGET TO ENCLOSE YOUR PROOF OF BENEFIT  
INCOMPLETE APPLICATIONS CANNOT BE PROCESSED**

## AM I ELIGIBLE FOR FREE SCHOOL MEALS?

You are eligible for free school meals if you receive:

- Income Support
- Job Seekers Allowance (Income Based)
- Child Tax Credit, but are NOT entitled to Working Tax Credit and your annual income (as assessed by the Inland Revenue) does not exceed £16,190
- Support under Part VI of the Immigration & Asylum Act 1999
- The 'Guaranteed Element' of Pension Credit
- Income-related Employment and Support (if any element is contribution-based paid meals cannot be provided)

### HOW TO APPLY/RENEW

1. Read and sign the certificate on the front of this form.
2. Complete the boxes overleaf with your details and your child(ren)'s details. If you need help to complete this part of the form, telephone the Academy on 0117 3772200.

**3. Any of the following will be accepted as proof of eligibility:**

- Universal Credit with an annual net earned income of no more than £7,400
- A letter from the Job Centre/Benefits Agency which uses the words 'Income Support' or 'Job Seekers Allowance (Income Based)' or 'Employment and Support Allowance (Income Related only)' and is less than three months old
- A "letter of entitlement" from JobCentre Plus
- A letter from the National Asylum Support Service (NASS) or a Certificate of Benefits (see page 3) stamped by Refugee Action
- A copy of your form TC602 – Inland Revenue Tax Credit Award Notice
- A copy of your 'Pension Credit M1000 Award Notice'
- Working Tax Credit run-on (paid for the four weeks after you stop qualifying for Working Tax Credit)
- Child Tax Credit (with no Working Tax Credit) with an annual income of no more that £16,190

If you do not have any of the above, please take your completed form to your local Job Centre, who will be able to stamp it to confirm your eligibility, could you please then return your application to us as soon as possible.

Return this form to: **Free Schools Meals Dept, St. Bede's Catholic College, Long Cross, Lawrence Weston, Bristol, BS11 0SU.**

### CERTIFICATE OF BENEFITS

Number of children included in this claim: <input style="width: 30px; height: 20px;" type="text"/>	JOBCENTRE PLUS/REFUGEE ACTION/PENSION SERVICE OFFICIAL STAMP
I certify that the person named and living at the address overleaf receives: <input type="checkbox"/> Income Support <input type="checkbox"/> Jobseekers Allowance (income based) <input type="checkbox"/> Employment & Support Allowance Income Related (and NOT receiving contribution-based) <input type="checkbox"/> Support from the NASS <input type="checkbox"/> Child Tax Credit and NOT Receiving Working Tax Credit <input type="checkbox"/> Guaranteed element of Pension Credit	
Signature of Officer..... Date.....	

FOR OFFICE USE ONLY	Assessed by (initial):	Date:
---------------------	------------------------	-------