

Is this full or half days?

## **Means Tested Free School Meals Application**

Name			Date				
Address			Your E-ma	I			
			Vour Tolon	hono			
			Your Telep	none			
overleaf.  Get funding for means tested free get funding of at central governme  Help with your fat least March 20	your child's school meals, no least £900 to help nt every year for 6 amily budget – or 25, even if your cir	ool – even if you tonly will you provide value years, even ince you qualificumstances of	your child is in recepur child receive a head able support for you if your child stops refy, your child will rer	etion, year 1 or year althy nutritious mea ur child. This mon ceiving a free schoo nain entitled to a fro	ee school meal until		
•	` '		•	• , ,			
• • •	oleting the follow		search for free so	noor meals or by	telephoning 0191		
Parent/Carer D	•	ng apphoan					
		Par	ent/Carer 1	Pare	Parent/Carer 2		
First Name							
Last Name							
Gender							
Date of Birth							
National Insurar							
National Asyl		/					
Service (NASS)	Number						
About your Chi	ld(ren) – nlease d	complete this	section for each chil	4			
Childs First Nam	•	ompicte tina		<u> </u>	1		
Childs Surname	10(0)						
Gender			Male/Female	Male/Female	Male/Female		
Date of Birth							
Name of School	/Nursery						
Do they currently	Do they currently attend this school/nursery?			Yes/No	Yes/No		
If no what date will they start?							
Is this full or half	Is this full or half days?		Full/Half	Full/Half	Full/Half		
Childs First Nam	ne(s)						
	Childs Surname			NA-1-/5	NA-1-/5		
	Gender			Male/Female	Male/Female		
Date of Birth	/Nurcon/						
Name of School/Nursery  Do they currently attend this school/nursery?			Yes/No	Yes/No	Yes/No		
Do they currently attend this school/nursery?  If no what date will they start?			I CO/INU	I CO/INU	I GO/INO		
Is this full or half days?			Full/Half	Full/Half	Full/Half		

Please tick all Child Ben	benefits that you		e; Guarantee P	oneion Cre	adit			Г	
						than C7 11	00)	L	
Income S	ирроп			•	J	ess than £7,40	JU)	늗	
JSA (IB)			Working Tax			- : - 100\		Ļ	
ESA (IR)			Child Tax Cre	`		,		Ļ	
Support fr	rom NASS under	part 6 o	of the Immigration	tion and As	sylum Act 1	999		L	
(HMRC, D' circumstan	one of the above WP & Home Officences you may nee	ce) and ted to pro	this may be dovide proof of	done via the your incom	e Eligibility ne, we will c	Checking Se contact you if	rvice. In so we need this	me s.	
•	not sure whether ould still like us to	•				•	•		
and are a	not a British citize carer of a British ( you for more infor	Citizen o	or have a child	l receiving			•		
Declaratio	on .								
any incorre consent to	nation I/we* have rect or incompleto check my/our* e the school if furth	e inform	nation given o via the Eligibi	could resu ility Check	ult in prose ing Service	cution. I/we . I/we* give n	e* give my/c ny/our* cons	our* sent	
	nd that I/we* mus		•	ા authority	of any cha	ange to my fa	amily's finan	cial	
any persor services or respect of	nce with General nal data to proce r public organisati your claim and no	ess your tions if re ot for ma	r application. equired by law arketing purpo	We may a to do so. oses or pas	also share Your perso ssed to third	this data wit onal data will d parties.	h other cou only be used	ncil d in	
	shead.gov.uk/data	•		JII, PICAC	E VIEW C.	JI IUII PIIVO	tty rionoc,	αι	
Your Signatur	re				Date				
Partners Signatur	_				Date				
Apply	by:								
Return	Returning the completed form to:-		o:-		ervice, Civic d, NE8 1HH	Centre, Reger	nt Street,		
Teleph	Telephone Free School Meals on:-			0191 433 3729					
Email Free School Meals on:-				benefitsfsm@gateshead.gov.uk					