

**Assistant Director Exchequer Services**  
**FREE SCHOOL MEALS APPLICATION FORM**

**1. ABOUT YOUR CHILD / CHILDREN**

Child's Last Name	Child's First Name	Child's Date of Birth			Name of School
		DD	MM	YYYY	
		DD	MM	YYYY	
		DD	MM	YYYY	

**2. PARENT / GUARDIAN DETAILS**

	Parent/Guardian 1						Parent/Guardian 2					
Last name												
First Name												
Date of Birth	DD	MM	YYYY	DD	MM	YYYY	DD	MM	YYYY	DD	MM	YYYY
National Insurance Number*												
National Asylum Support Service (NASS) Number*		/		/				/		/		
Daytime Telephone Number												
Mobile Number												
Address												
	Postcode:						Postcode:					

**3. FAMILY INCOME AND BENEFIT DETAILS**

If you receive any of the benefits listed below, please place an X in this box.

- Income Support
- Income-based Jobseekers Allowance
- Income-related Employment and Support Allowance
- Support from NASS under part 6 of the Immigration and Asylum Act 1999
- the guarantee element of Pension Credit
- Working Tax Credit run-on

- Child Tax Credit (with no Working Tax Credit)

### Child Tax Credit

If you are in receipt of **Child Tax Credit**, is your joint gross annual income over £16,190 per year?  
(Please place an X in the appropriate box).

Your joint gross income is your household income before taxes are taken into account.

Yes  No  Unsure

- Universal Credit.

### Universal Credit

If you are in receipt of **Universal Credit**, is your net earned family income over £7,400 per year?  
(Please place an X in the appropriate box).

Your net earned income is your household income after taxes and deductions. It does **not** include income through Universal Credit or other benefits that you may receive.

Yes  No  Unsure

If you're not sure whether you receive one of the listed benefits, or what your household income is, but you would still like us to check whether your child is eligible for free school meals, please place an X in this box.

### DECLARATION

The information I have given on this form is complete and accurate. I understand that my personal information is held securely and will be used only for local authority purposes. I agree to the local authority using this information to process my application for free school meals. I also agree to notify the local authority in writing of any change in my family's financial circumstances.

Signature of parent / guardian: .....

Date:.....

**Thank you for completing this form and helping to make sure your child/ren receive Free School Meals and that your child/ren's school is as well funded as possible.**

**Please return the form:**

**By email to: [revenuessystemteam@tameside.gov.uk](mailto:revenuessystemteam@tameside.gov.uk)**

**By post to: PO Box 304,  
Ashton-under-Lyne,  
Tameside  
OL6 0GA**