

Do not complete this form if you receive any Working Tax Credit as you will NOT qualify for Free School Meals

Children whose parent/legal guardian receive any of the following are entitled to free school meals

	✓ Please Tick
Income Support	Yes <input type="checkbox"/> No <input type="checkbox"/>
Job Seekers Allowance – INCOME BASED ONLY	Yes <input type="checkbox"/> No <input type="checkbox"/>
Employment and Support Allowance – INCOME RELATED ONLY	Yes <input type="checkbox"/> No <input type="checkbox"/>
Guaranteed Pension Credit (Inc Child Tax Credit)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Support under Part VI of the immigration and Asylum Act 1999	Yes <input type="checkbox"/> No <input type="checkbox"/>
Child Tax Credit, with an annual income of less the £16,190	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section A: Details of Parent/Legal Guardian in receipt of above qualifying benefits

All Boxes **MUST** be Completed in Capital Letters

Mr/Mrs/Ms/Miss Surname: First Name:

Your Date of Birth Relationship to Child(ren):
 (Not Your Child's) (Mother/Father/Legal Guardian etc)

Home Address:

Post Code: Telephone No:

If your address has changed since you last applied, please confirm your previous address below:

National Insurance Number or NASS Ref Number of Parent/Guardian/Claimant – This MUST be provided

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Section B: Details of school age children attending a school in Sandwell

All Sections **MUST** be completed in CAPITAL LETTERS and please ensure that FULL details are given

Surname	First Name (s)	Date of Birth	Name of School Attending

Section C: Declaration to be completed by applicant whose details are provided in Section A:

- 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 the law to verify my initial and ongoing entitlement.
- I understand that the result of any free school meals eligibility check may also be used to assess my entitlement to receive free travel to school and/ or uniform grant.

Signature: _____ Date: _____

In accordance with our service standards, eligible claims will be processed within 7 working days from receipt of completed application forms. If however you require further information or assistance please contact the Free School Meals Team on 0121 569 8186 or 8189.

For Official Use Only

Eligible to FSM: Y N (Attach Hub Result Sheet) Date ECS Hub FSM Checked _____ FSM Start Date _____

School Informed Date _____ Authorised EMS Date _____ Assessed By (staff initials) _____ Date _____

Checklist Actions

Pupil(s) Attending a Sandwell School Receiving Eligible Benefit(s) Hub Result Sheet Attached (only if new FSM Generated)

Guardian and Pupils Details Entered Correctly on EMS Start and End Date Entered Correctly Checked By (staff initials) _____