

APPLICATION FOR FREE SCHOOL MEALS

PLEASE COMPLETE ALL SECTIONS ON PAGE 1 AND SELECT RELEVANT BENEFIT ON PAGE 2 (PLEASE SIGN BOTH SIDES)

NAMES OF PARENT(S) / GUARDIAN(S) (Please use BLOCK letters)

	Father / Partner	Mother / Partner
Surname Mr/Mrs/Ms		
First Name		
Address		
Telephone No		

Which Local Authority Collects your Council Tax?

NAMES OF ALL DEPENDENT CHILDREN ATTENDING SCHOOL (Please use BLOCK letters)

Surname	First Name	Date of Birth	Boy / Girl	Name of School

PLEASE ATTACH UP-TO-DATE EVIDENCE OF YOUR BENEFIT (Please see page 2 for suitable evidence)

Declaration to be signed by Parent or Guardian (Claimant)

I receive Income Support; Income-based Jobseekers Allowance; Income-related Employment and Support Allowance; Guaranteed element of State Pension Credit; Child Tax Credit **only (below the threshold on Page 2)** or I am supported as an asylum seeker. **Proof of entitlement must be provided.**

Name and National Insurance No. of Claimant:

Date of Birth of Claimant:

I agree to tell Financial Services or the school if the above benefit ends. **I understand that Working Tax Credit does not entitle me to free school meals.**

West Sussex County Council is the Data Controller for the purposes of the Data Protection Act 1998. This means that West Sussex County Council is responsible for making decisions about how your personal data will be processed and how it may be used.
 The purpose(s) for which your data will be processed is for the provision of free school meals.
 The information you provide will be treated confidentially at all times. The data you provide may be disclosed to other public bodies. Security safeguards apply to both manual and computerised held data, and only relevant staff/named disclosures can access your Information.

I declare that the information given on this form is correct. I agree that you will use the information I have provided to process my Claim for free school lunches and may contact other sources as allowed by the law to verify my initial, and ongoing, entitlement.

Signed..... Father/Mother/Guardian Date

**Please Return to: Financial Services (Pupil Support) West Sussex County Council
 County Hall, Chichester, West Sussex PO19 1RG
 TELEPHONE 01243 752172/3**

