**APPLICATION FOR FREE SCHOOL MEALS/PUPIL PREMIUM REGISTRATION**

**PLEASE COMPLETE IN BLOCK CAPITALS**

1. **DETAILS OF PARENT/CARER**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname |  |  | First Name(s) |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title (Mr/Mrs/Miss/Ms) |  |  | Contact Tel No. |  |

|  |  |  |
| --- | --- | --- |
| Address |  |  |
|  | Postcode |  |

**2. DETAILS OF BENEFITS RECEIVED**

Please complete the following details and indicate which benefit you and your partner (if applicable) are receiving:

|  |  |  |
| --- | --- | --- |
| **Your details:** | HUB CHECKED |  |

**Surname First Name (s) Date of Birth National Insurance Number**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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|  |  |  |
| --- | --- | --- |
| **Your partner’s details:** | HUB CHECKED |  |

**Surname First Name (s) Date of Birth National Insurance Number**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| --- | --- | --- |
| BENEFIT RECEIVED | **YOU** | **PARTNER** |
| Income Support |  |  |
| Income based Jobseekers Allowance |  |  |
| Income-Related Employment and Support Allowance |  |  |
| Child Tax Credit **ONLY** (not entitled/receiving Working Tax Credit) and have an income of less than £16,190 |  |  |
| Guaranteed element of State Pension Credit |  |  |
| Working Tax Credit run-on (paid for the four weeks after you stop qualifying for Working Tax Credit) |  |  |
| Universal Credit and have a net household income of less than £7400 per year (£616.66 net each month) |  |  |
| Support under part VI of the Immigration & Asylum Act |  |  |

**NO PROOF IS REQUIRED** – Your entitlement will be checked automatically – you may be asked for proof at a later date if we are unable to determine if you are eligible or not.

FOR OFFICE USE ONLY

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ELIGIBLE FOR | | **FSM** |  | DATE HUB CHECKED |  | FSM START |  | ASSESSED |  |
|  | |  |  |  |  |  |  |  |  |
| RENEWAL DATE |  | **4 Wk Grace** |  | 4 wk end date |  | FSM ENDED |  | LETTER SENT |  |
|  | | | | | | | |  |  |
| **QUERY/NOTE:** | | | | | | | | **REF NO:** |  |
|  | | | | | | | |

3. **DETAILS OF CHILDREN IN THE FAMILY**

Please include in the boxes below, details of all dependent children who are living with you and are in   
full-time attendance at school.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name | surname | date of birth | male/  female | name of school |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

4. **DECLARATION TO BE SIGNED BY ALL APPLICANTS**

I declare that all of the information on this form and associated documents is true to the best of my knowledge and belief. I undertake to inform Sefton Children’s Services Committee **immediately of any change in circumstances set out herein**. I agree to supply any additional information that may be required. I accept that you must protect the public funds you handle and so you may use the information I have provided on this form to prevent and detect fraud. You may also share this information, for the same purposes with other organisations, which handle public funds. I understand that to give false information may result in prosecution.

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 meal eligibility check may also be used to assess my entitlement to receive any additional benefits that may be available to me.

|  |  |  |  |
| --- | --- | --- | --- |
| SIGNATURE |  | DATE |  |

**ANY QUERIES PLEASE CONTACT**:

SCHOOL ADMISSIONS & PUPIL SUPPORT

MAGDALEN HOUSE

TRINITY ROAD L20 3NJ

🕿: 0151 934 3263/3246

🖂: [education.benefits@sefton.gov.uk](mailto:education.benefits@sefton.gov.uk)

🌎: [www.sefton.gov.uk](http://www.sefton.gov.uk)

# Application for Free School Meals/Pupil Premium

# IMPORTANT NOTE – Please read before completing the attached application form

## Do you qualify?

## Children in Infants (reception, years 1 and 2) are automatically eligible for Free School Meals, however if you or your partner receives an eligible benefit then your child’s school will receive money for every child registered for free school meals/pupil premium. Please refer to the table below to check if you qualify for free school meals/pupil premium.

|  |  |
| --- | --- |
| **Type of Benefit** | **Free School Meals/Pupil Premium** |
| Income Support | Yes |
| Jobseekers Allowance (Income – Based) | Yes |
| Employment Support Allowance (Income Related) | Yes |
| Child Tax Credit ONLY provided you are not also entitled to Working Tax Credit and have annual income of less than £16190.00 | Yes |
| Universal Credit and have a net household income of less than £7400 per annum (£616.67 net each month) | Yes |
| Guarantee Element of State Pension Credit | Yes |
| Support Under Part VI of the Immigration & Asylum Act 1999 | Yes |
| Working Tax Credit (even if you are means tested out and don’t receive payment) and have an income of less than £16190.00 | NO |
| Working Tax Credit run-on (paid for the four weeks after you stop qualifying for Working Tax Credit) | Yes |
| Universal Credit and have a net household income of less than £7400.00 per annum (£616.16 net per month) | Yes |

# What do you do now?

Please contact the Pupil Support Section on 0151 934 3263/3246 who will check your eligibility and if eligible your details will be taken and your children will be put on free school meals within the week. Alternatively you can complete form B1 and send to the address stated below.

When will the free school meals start?

Applications received during the summer holidays will start receiving a free school meal on the first day of term, if your application is received after this date it will processed within the week. Free school meals are not normally backdated, however if you feel that you have exceptional circumstance please contact us.

**Do I need to supply proof to support my application?**

NO PROOF IS REQUIRED – Your entitlement will be checked automatically – you may be asked for proof at a later date if we are unable to determine if you are eligible or not.

Please remember to inform us of any changes that may affect your claim.

School Admissions & Pupil Support Section, Town Hall, Bootle L20 7AE Tel: 0151 934 3263/3246. Fax: 0151 934 3255 Email: [education.benefits@sefton.gov.uk](mailto:education.benefits@sefton.gov.uk)