

**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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Your partner's details:  HUB CHECKED

Surname	First Name (s)	Date of Birth	National Insurance Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

**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 <input type="checkbox"/>	DATE HUB CHECKED <input type="text"/>	FSM START <input type="text"/>	ASSESSED <input type="checkbox"/>
RENEWAL DATE	4 Wk GRACE <input type="checkbox"/>	4 Wk END DATE <input type="text"/>	FSM ENDED <input type="text"/>	LETTER SENT <input type="checkbox"/>
QUERY/NOTE:	<input type="text"/>			REF NO: <input type="text"/>



**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

**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 <u>ONLY</u> 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 be processed within the week. Free school meals are not normally backdated, however if you feel that you have exceptional circumstances 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)