

**APPLICATION FOR FREE SCHOOL MEALS**

<sup>a</sup> Section 1 – **Details of Parent / Guardian / Carer**

APPLICANT'S FULL NAME (Mr/Mrs/Miss/Ms) .....

Relationship to child / children .....

National Insurance No.

Date of Birth of Applicant ..... / ..... / .....

Present Address .....

..... Postcode ..... Tel No .....

Date of taking up residence at present address ..... / ..... / ..... Details of previous address .....

Is this your first claim from DCC? YES / NO Have you applied previously under another name? YES / NO

If yes, please state previous name(s) .....

Section 2 – **Children**

Children's name and surname	Name of school or college	D.O.B.	Age

**Eligibility:** To be eligible for free school meals you must be in receipt of Income Support or income based Jobseeker's Allowance, or the guarantee element of State Pension Credit; or Child Tax Credit (with an annual income of less than £16,190). Those claiming **Working Tax Credit** are **not eligible**.

**Proof that you receive Income Support or income based Jobseeker's Allowance must be produced with this application or the form must be stamped by the DWP office. If you receive Child Tax Credit, but not Working Tax Credit, and your annual income does not exceed £16,190, please forward a copy of your Child Tax Credit award notice for verification.**

**Data Protection Act**

Personal information that you have provided will be used carefully and may be held on computer systems at the school/college and in the Children and Younger Adults Department. The use of this personal information is covered by registration under data protection legislation. Under the legislation you have the right to obtain a copy of the information that we hold about you.

DWP Stamp

FOR COMPLETION BY DWP OFFICE: Continuously in receipt of Income Support or income-based Job Seeker's Allowance; or the Guarantee element of State Pension Credit or Child Tax Credit (but NOT Working Tax Credit) and whose annual income does not exceed £16,190.  
from ..... / ..... / ..... DWP Signature ..... Date ..... / ..... / .....

Section 3 – **Declaration**

**I certify that the above information is correct to the best of my knowledge and belief, and that I am legally responsible for the children for whom I have claimed. I understand that Derbyshire County Council may verify the information given with Government Departments. I understand that if I fail to inform you of any change in circumstances, and my children continue to receive free meals, I may be required to repay the cost of any meals consumed.**

**Signature of Claimant** ..... **Date** .....

**A deliberate false statement may lead to prosecution.**

FOR OFFICE USE ONLY	
Number of Children entitled to free meals .....	
Free meals awarded from .....	
to: .....	
Assessed by .....	

Please return this form to the address below. If the form is not fully completed, your application may be delayed.

Student Finance Office (Free School Meals), Children & Younger Adults Department  
Derbyshire County Council, County Hall,  
Matlock, DE4 3AG Tel: (01629) 585481 / 585475