Dear Parent/Guardian,

We want to make sure that we are providing your child with the best education and support we can. Healthy and nutritious school food has positive health benefits and can help pupils establish healthy habits for life. Healthy school food can also help to improve pupils’ readiness to learn.

Families who receive certain benefits may be eligible for free school meals. Your child is eligible for free school meals if you’re in receipt of one of the following benefits:

* Universal Credit with an annual net earned income of no more than £7,400.
* Income Support
* Income-based Jobseeker’s Allowance
* Income-related Employment and Support Allowance
* Support under Part 6 of the Immigration and Asylum Act 1999
* The guarantee element of Pension Credit
* Working Tax Credit run-on (paid for the four weeks after you stop qualifying for Working Tax Credit)
* Child Tax Credit (with no Working Tax Credit) with an annual income of no more than £16,190

If you are eligible for benefits-related free school meals in accordance with the above criteria, and your child is also in year Reception to year 2, and receive Universal Infant Free School Meals, it is still important that you continue to register. This will enable your child's school to claim valuable 'pupil premium' funding, which is additional grant the school can invest in, providing additional support like extra tuition, supplementary teaching staff or after school activities for your child in school.

To check if your child is eligible, we need information about you and your child. Please complete this form and return to your child’s school.

**PLEASE COMPLETE THIS APPLICATION IN BLOCK LETTERS**

**ABOUT YOUR CHILD/CHILDREN**

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Last Name | Child’s First Name | Child’s Date of Birth | Name of School  |
|  |  | D D | M M | Y Y Y Y |  |
|  |  | D D | M M | Y Y Y Y |  |
|  |  | D D | M M | Y Y Y Y |  |
|  |  | D D | M M | Y Y Y Y |  |
|  |  | D D | M M | Y Y Y Y |  |

**PARENT/GUARDIAN DETAILS**

|  |  |  |
| --- | --- | --- |
|  | Parent/Guardian 1 | Parent/Guardian 2 |
| Last name |  |  |
| First Name |  |  |
| Date of Birth | D D | M M | Y Y Y Y | D D | M M | Y Y Y Y |
| National Insurance Number\* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| National Asylum Support Service (NASS) Number\* |  |  | **/** |  |  | **/** |  |  |  |  |  |  |  | **/** |  |  | **/** |  |  |  |  |  |
| Daytime Telephone Number |  |  |
| Mobile Number |  |  |
| Address | Postcode: | Postcode: |

**FAMILY INCOME AND BENEFIT DETAILS**

If you receive any of the benefits listed below, please place an X in this box.

* Income Support
* Income-based Jobseekers Allowance
* Income-related Employment and Support Allowance
* Support from NASS under part 6 of the Immigration and Asylum Act 1999
* the guarantee element of Pension Credit
* Child Tax Credit (with no Working Tax Credit)
* Working Tax Credit run-on
* Universal Credit.

**Universal Credit**

If you are in receipt of **Universal Credit**, is your net earned family income over £7,400 per year? (Please place an X in the appropriate box).

Your net earned income is your household income after taxes and deductions. It does **not** include income through Universal Credit or other benefits that you may receive.

 Yes No Unsure

 **Child Tax Credit**

If you are in receipt of **Child Tax Credit,** is your joint gross annual income over £16,190 per year? (Please place an X in the appropriate box).

Your joint gross income is your household income before taxes are taken into account.

Yes No Unsure

If you’re not sure whether you receive one of the listed benefits, or what your household income is, but you would still like us to check whether your child is eligible for free school meals, please place an X in this box.

**DECLARATION**

The information I have given on this form is complete and accurate. I understand that my personal information is held securely and will be used only for local authority purposes. I agree to the local authority using this information to process my application for free school meals.

Signature of parent/guardian: ………………………………………………………….
Date:……………………….

**Thank you for completing this form and helping to make sure your child’s school is as well funded as possible. \*Please return to:** e-mail fsm@westsussex.gov.uk

Or you can print this form and give it to your child’s school or post it to West Sussex County Council, Free School Meals, Pupil Support, 2nd Floor, The Grange, County Hall, Chichester, PO19 1RG

**How the information in this form will be used**

The information you provide in this form will be used by the council to confirm receipt of one of the listed welfare benefits and to decide whether pupils are eligible for means tested free school meals. Once this is confirmed, this helps to decide how much money your child’s school will receive each year.

We are committed to ensuring that the personal and sensitive information that we hold about you is protected and kept safe and secure, and we have measures in place to prevent the loss, misuse or alteration of your personal information. We will use the information you provide to assess entitlement to free school meals. The information may also be shared with other Council departments to offer benefits and services. All information used will comply with the Council’s Privacy Policy which can be found in more detail on the link below.

<https://www.westsussex.gov.uk/privacy-policy/>