

DETAILS OF PARENT(S) OR GUARDIAN(S) (if two people are maintaining a household as husband and wife, whether married or not, details are required from both people)

MOTHER

Surname Mrs/Miss/Ms

First Name

National Insurance No.

Date of Birth

FATHER

Surname

First Name

National Insurance No.

Date of Birth

ADDRESS:

Postcode Tel.

IS THIS A FIRST APPLICATION?

YES NO

PUPILS: Please give below details of children for whom you are claiming free school meals

Surname	First Name	Date of Birth	Male/ Female	School

DECLARATION TO BE SIGNED BY BOTH PARENT(S) OR GUARDIAN(S) (AS APPLICABLE)

I/we confirm that the information given in this application is correct to the best of my/our belief and undertake to inform the Education Group of any change to my/our financial circumstances.

I/we understand that the Council may make enquiries to check the information given on this form.

The local authority must protect the public funds they handle and may use the information you have provided on this form to prevent and detect fraud. They may also share the information, for the same purposes, with other organisations which handle public funds.

YOU MUST TELL US IMMEDIATELY IF ANY OF THE FOLLOWING DETAILS CHANGE:

- YOUR ADDRESS
- THE SCHOOL ATTENDED BY YOUR CHILD
- IF YOU STOP RECEIVING INCOME SUPPORT, INCOME BASED JOBSEEKERS ALLOWANCE, EMPLOYMENT AND SUPPORT ALLOWANCE (IR), HELP AS AN ASYLUM SEEKER THROUGH NASS OR SOCIAL SERVICES OR A QUALIFYING TAX CREDIT.

Signed

Date: ___/___/___

Signed

Date: ___/___/___