

APPLICATION FOR ASSISTANCE WITH FREE SCHOOL MEALS

Please indicate as applicable, if this application is being submitted as a result of your child moving to a North Yorkshire school, from another Local Authority school

If yes, please indicate if your child was receiving free school meals before they left their previous school?

YES / NO

YES / NO

Forenames of Parent/Guardian:			Mr/Mrs/Miss/Ms:	
Surname:			Relationship to pupil(s):	
Full Postal Address:				
	Postcode:		Telephone:	
Email address:				
National Insurance Number:		Date	e of Birth:	

Full Name of child	M/F	Date of Birth	Name of School Attending
1.			
2.			
3.			

Please indicate which benefit you are currently in receipt of:

- □ Universal Credit, (provided you have an annual net earned income of no more than £7,400, as assessed by earnings from up to three of your most recent assessment periods)
- □ Child Tax Credit, provided you are also not entitled to Working Tax Credit and have an annual household gross income that does not exceed £16,190 (as assessed by HMRC)
- □ 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
- A run-on of Working Tax Credit paid for 4 weeks after you stop qualifying for Working Tax Credit

Children who receive any of the above benefits in their own right, are also entitled to Free School Meals

I declare the information given on this form is accurate and that I have parental responsibility for the child/ren noted. I understand that you may check the information given on this form.

If I move house or change my name after I make this application, I will ensure to update you.

Please complete and return this form to; North Yorkshire County Council, Document Management Centre, County Hall, Racecourse Lane, NORTHALLERTON, DL7 8AE. Tel: 01609 533405. Email: <u>schoolwelfare@northyorks.gov.uk</u>