

**PLEASE USE BLACK INK AND BLOCK CAPITALS**

**APPLICATION FOR PUPIL PREMIUM & FREE SCHOOL MEALS FOR FULL-TIME PUPILS**

**1 - Applicant Details (Parent or Guardian claiming benefit)**

Title: Mrs  Ms  Miss  Mr  Other

First Names:

Surname:

Address:

Postcode:

Telephone:

National Insurance / Asylum Seeker Number:

Date of Birth: //

**2 – Details of your Partner, if applicable.**

| First Name           | Surname              | Date of Birth        | National Insurance / Asylum Seeker Number |
|----------------------|----------------------|----------------------|---|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>                      |

**3 – Children at School or Nursery who you wish to claim Free School Meals for.**

| First Name           | Surname              | Date of Birth        | Age                  | Boy/Girl             | Name of School/Nursery |
|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>   |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>   |
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| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>   |

**5 – Declaration**

- I understand that my entitlement to free school meals will only continue as long as I receive one of the relevant Support Payments (see notes below).
- I will inform you immediately if my entitlement to any of the Support Payments is terminated.
- I understand that if I do not inform you and my child/children continues to receive free meals I will have to repay the cost of any meals taken.
- I will inform you immediately if I change my address.
- I declare that I am legally responsible for the child/children I am claiming for



- I will inform you immediately if my child changes or leaves school.

I certify that the above statement and information given by me on this form is complete and true and I authorise the City Council to take such steps, as they consider necessary to verify the same. I understand that this may involve Derby Benefits contacting the HMRC or the Department for Work and Pensions for confirmation of my/our entitlement.

**A DELIBERATE FALSE STATEMENT MAY LEAD TO PROSECUTION**

|                   |              |
|-------------------|--------------|
| <b>Signature:</b> | <b>Date:</b> |
|-------------------|--------------|

**Notes**

1 – Free School Meals are only available to pupils whose parents/guardians are receiving one of the following Support Payments for the child/children named:

- Income Support
- Job Seekers Allowance
- Employment and Support Allowance
- Child Tax Credits (**but NOT Working Tax Credit**), and your annual income is no more than £16,190.
- Pension Credit (Guarantee Credit element only)
- Support under Part VI of the Immigration and Asylum Act 1999
- Universal Credit

2 - This form must be completed by the person who claims the Support Payment in the household.

3 - Where pupils attend different schools within the city of Derby, you should complete one form for each household. Some Academy / Foundation Schools deal with their own Free School Meals so a separate form is required. Please contact the individual school directly.


4 - All claims are checked on an online checking system provided by the Department of Education. This only confirms or denies your eligibility to claim Free School Meals: it does not give us any other information. When your eligibility has been confirmed and your application processed, you will be sent a confirmation letter and we will contact the school directly regarding your child's eligibility.

5 - You must inform Derby Benefits if you change your address to ensure that renewal forms and correspondence are sent to the correct address.

Please return completed form to:

Derby Benefits, Derby City Council, The Council House, Corporation Street, Derby DE1 2FS

Tel.: 01332 640444 Email: [freeschoolmeals@derby.gcsx.gov.uk](mailto:freeschoolmeals@derby.gcsx.gov.uk)

 All information provided will be treated in accordance with the Data Protection Act 1998. The Council may wish to share the information you supply with other departments within the Council. If you do not wish the Council to use the information you have supplied in this way please tick the box: