

APPLICATION FOR FREE SCHOOL MEALS

Title	
Parent/Carer Forename	
Parent/Carer Surname	
Parent/Carer Date Of Birth	
Parent/Carer National Insurance Number	
Parent/Carer Asylum Number (if applicable)	
Parent/Carer Address	
Parent/Carer Telephone Number (Home)	
Parent/Carer Telephone Number (Mobile)	
Parent/Carer Email Address	

Details of all children attending The Bromfords School and Sixth Form College for whom you are requesting Free School Meal Entitlement.

Student Forename	Student Surname	Student Date of Birth	Relationship to Student

DECLARATION

I confirm that I am responsible for the child/children named on this form and that the student/s live with me. I certify to the best of my knowledge and belief that the information given on this form is correct, and I agree to The Bromfords School and Sixth Form College using the details provided in my application to check my eligibility now and in the future using the Eligibility Checking Service provided by the Department for Education. I understand that my entitlement to Free School Meals will continue as long as I receive one of the qualifying benefits and I agree to inform The Bromfords School and Sixth Form College immediately if my benefit or tax credit entitlement changes, or if I change my address. I understand that in certain circumstances The Bromfords School and Sixth Form College may need to contact other sources to verify the above information or require me to provide further evidence of benefit. I agree that the information may be used to ensure accuracy of records across the local authority and to check against fraud. I understand that the details relating to my Qualifying Benefit may be recorded and that random eligibility checks may be performed during the school year. I agree to the relevant check being resubmitted via the Eligibility Checking Service.

Signature.....Please Print Name.....

Date.....

Office Use Only:

Application Received Date	Sims Updated Date
Accepted YES NO	Renewal Date