

FREE SCHOOL MEALS

Free school meals are administered by The Bromfords School and Sixth Form College and the qualifying rules are decided by Central Government.

We use the services of SDA to confirm entitlement through the Eligibility Checking Service provided by the Department of Education.

The Government gives the additional funding to schools for every child who is registered as being entitled to a free meal. This applies even if the child decides not to take the meal.

The additional money is used by the school to support the student's education and to maximise their opportunity and achievement.

We would encourage all parents to apply if they are eligible.

If you are in receipt of any of the following benefits you may be entitled to 'Free School Meals'.

Universal Credit – if you apply on or after 1 April 2018 your household income must be less than £7,400 a year (after tax and not including any benefits you get)

Income Support

Income-based Jobseeker's Allowance

Income-related Employment and Support Allowance

Support under Part VI of the Immigration and Asylum Act 1999

The Guarantee element of State Pension Credit

Child Tax Credit (provided you're not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190).

Working Tax Credit 'run-on' – paid for 4 weeks after you stop qualifying for Working Tax Credit.

To apply for Free School Meals please use the link below:

<https://www.cloudforedu.org.uk/ofsm/ofsm-east>

or complete the attached form and return to the reception. The link and application form are also available from our website <http://www.bromfords.essex.sch.uk/>

I declare:

I am in receipt and can provide the relevant proof of one of the benefits listed.

I agree that you will use the information provided to process my claim for free school meals and will contact other sources as allowed by law to verify my initial and ongoing entitlement.

I agree that the information may be used to ensure accuracy of records and be checked in line with anti-fraud policies.

The data you provide may be transferred between schools within the local Authority area when your child moves from one school to another. Please advise the Bromfords School and Sixth Form College if you do not wish this to take place.

I understand that my application may need to be renewed at the end of the academic year.

Please be aware of the School's Privacy Policy, which is available on the Bromfords School and Sixth Form College website.

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 |
|------------------|-----------------|-----------------------|-------------------------|
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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 that the information given on this form is to the best of my knowledge and belief 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 the 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 |