

**APPLICATION FOR FREE SCHOOL MEALS/PUPIL PREMIUM REGISTRATION**

PLEASE COMPLETE IN BLOCK CAPITALS

**1. DETAILS OF PARENT/LEGAL GUARDIAN**

Surname  First Name(s)

Title (Mr/Mrs/Miss/Ms)  Contact Tel No.

Address   
  
 Postcode

**2. DETAILS OF BENEFITS RECEIVED**

Please complete the following details and indicate which benefit you and your partner (if applicable) are receiving:

Your details:  HUB CHECKED

Surname	First Name (s)	Date of Birth	National Insurance Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Your partner's details:  HUB CHECKED

Surname	First Name (s)	Date of Birth	National Insurance Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

BENEFIT RECEIVED	YOU	PARTNER
Income Support	<input type="checkbox"/>	<input type="checkbox"/>
Income based Jobseekers Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Income-Related Employment and Support Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Child Tax Credit <b>ONLY</b> (not entitled to Working Tax Credit) and income of less than £16,190	<input type="checkbox"/>	<input type="checkbox"/>
Guarantee element of State Pension Credit	<input type="checkbox"/>	<input type="checkbox"/>
Universal Credit	<input type="checkbox"/>	<input type="checkbox"/>
Support under part VI of the Immigration & Asylum Act	<input type="checkbox"/>	<input type="checkbox"/>

**NO PROOF IS REQUIRED** – Your entitlement will be checked automatically – you may be asked for proof at a later date if we are unable to determine if you are eligible or not.

**FOR OFFICE USE ONLY**

ELIGIBLE FOR	FSM <input type="checkbox"/>	DATE HUB CHECKED <input type="text"/>	FSM START <input type="text"/>	ASSESSED <input type="checkbox"/>
RENEWAL DATE <input type="text"/>	4 WK GRACE <input type="checkbox"/>	4 WK END DATE <input type="text"/>	FSM ENDED <input type="text"/>	LETTER SENT <input type="checkbox"/>
QUERY/NOTE: <input type="text"/>				REF NO: <input type="text"/>

**3. DETAILS OF CHILDREN IN THE FAMILY**

Please include in the boxes below, details of all dependent children who are living with you and are in full-time attendance at school.

FIRST NAME	SURNAME	DATE OF BIRTH	MALE/ FEMALE	NAME OF SCHOOL

**4. DECLARATION TO BE SIGNED BY ALL APPLICANTS**

I declare that all of the information on this form and associated documents is true to the best of my knowledge and belief. I undertake to inform Sefton Children's Services Committee **immediately of any change in circumstances set out herein**. I agree to supply any additional information that may be required. I accept that you must protect the public funds you handle and so you may use the information I have provided on this form to prevent and detect fraud. You may also share this information, for the same purposes with other organisations, which handle public funds. I understand that to give false information may result in prosecution.

I agree that you will use the information I have 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 understand that the results of any free school meal eligibility check may also be used to assess my entitlement to receive any additional benefits that may be available to me.

SIGNATURE  DATE

**ANY QUERIES, PLEASE CONTACT:**

SCHOOL ADMISSIONS & PUPIL SUPPORT  
 YOUNG PEOPLE AND FAMILIES  
 BOOTLE TOWN HALL  
 ORIEL ROAD L20 7AE  
 ☎: 0151 934 3456  
 ✉: [education.benefits@sefton.gov.uk](mailto:education.benefits@sefton.gov.uk)  
 🌐: [www.sefton.gov.uk](http://www.sefton.gov.uk)