



# Free School Meals Application Form

**Section A:** Children whose parent/legal guardian receive any of the following are entitled to free school meals

✓ Please tick

- Income Support
- Universal Credit - **with a household net income of less than £7,400 a year**
- Job Seekers Allowance - **Income Based Only**
- Employment and Support Allowance - **Income Related Only**
- Pension Credit - Guaranteed Element (including Child Tax Credit)
- Support under **Part VI** of the Immigration and Asylum Act 1999
- Child Tax Credit **ONLY (NOT including Working Tax Credit)** - with an annual income of less than £16,190 - **You will not qualify if you receive any Working Tax Credit in the household.**  
Please check your latest Tax Credit Award Notice if you are unsure

**Section B:** Details of parent/legal guardian in receipt of above qualifying benefit  
(All sections (except your email address) must be completed in CAPITAL LETTERS.)

Title		Surname							
First Name		DOB	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y
D	D	M	M	Y	Y				
Relationship to child(ren) (Mother/Father/Legal Guardian etc.)									
National Insurance Number or NASS Ref Number of Parent/Guardian/Claimant – this MUST be provided									
Address and postcode									
	Contact Phone No.								

**Email Address:**

PLEASE ENSURE YOUR EMAIL ADDRESS IS WRITTEN DOWN CLEARLY AND CORRECTLY TO ENABLE CORRESPONDENCE TO BE SENT

**Section C:** Details of school age children attending a school in Sandwell  
(All sections MUST be completed in ink and CAPITAL LETTERS)

First name of Child 1					Surname of Child 1					
Date of birth (Child 1)			School Child 1 Attending							
D	D	M	M	Y	Y					
First name of Child 2					Surname of Child 2					
Date of birth (Child 2)			School Child 2 Attending							
D	D	M	M	Y	Y					
First name of Child 3					Surname of Child 3					
Date of birth (Child 3)			School Child 3 Attending							
D	D	M	M	Y	Y					

First name of Child 4										Surname of Child 4									
Date of birth (Child 4)					School Child 4 Attending														
D	D	M	M	Y	Y														

Please complete an additional form if your application is for more than four children.

**NOW COMPLETE YOUR CONSENT AND SIGN THE DECLARATION BELOW PLEASE**

**Section D: Your Consent**

I agree that you will use the information I have provided to process my claim for free school meals to verify my initial, and ongoing, entitlement; and that you may contact other sources, such as the Department for Education (DfE) as allowed to confirm this.

Please note that where successful, your details will be passed to the applicable school.

**If you do not consent to the above we cannot proceed with your application, so please ensure that you have read and ticked the box before submitting this application form.**

**The following is optional and does not have to be completed for this form to be processed.**

I agree that should my initial application be refused; further checks can be automatically made so I can be asked to complete an application form if I later become entitled.

The Data Controller for the information held about you for this purpose is Sandwell Metropolitan Borough Council, Sandwell Council House, Freeth Street, Oldbury B69 3DB. Phone 0121 569 2200.

The Data Protection Officer can be contacted at the above address and through email at [DP\\_Officer@sandwell.gov.uk](mailto:DP_Officer@sandwell.gov.uk)

The information on this form, where you have given us consent to use, will ONLY be used for that purpose and for no other. Where you have not provided us with consent, the information will not be used by the council.

The information provided under consent will only be used and shared for the purposes outlined on this form. However, when a legal duty is placed upon the council then the council will consider the sharing of your information in accordance with that duty (e.g. police etc.).

At any point, you have the right to withdraw your consent by contacting the office below.

For further information in relation to how the council will use your personal information, including how long it will be retained for, please see the council's full privacy notice at [www.sandwell.gov.uk/privacynotices](http://www.sandwell.gov.uk/privacynotices)

**Section E: Your Declaration**

The information I have given on this form is complete and accurate. I understand that my personal information is held securely and will be used only for local authority purposes. I agree to the local authority using this information to process my application for free school meals. I also agree to notify the local authority in writing of any change in my family's financial circumstances as set out in this form.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

In accordance with our service standards, eligible claims will be processed within five working days from receipt of completed application forms. However, if you require further information or assistance, please contact the Free School Meals Team on 0121 569 8186 or 8189.

Please return your completed form to Education Benefits, Sandwell Council House, Freeth Street, Oldbury B69 3DB