

# FREE SCHOOL MEALS CLAIM FORM

SCHOOL STAMP



ISLINGTON

**Please complete all sections and return to your child's school:**

Please contact **020 7527 5483** or **020 7527 4336** should you have any queries about completing the form

## CHILD/CHILDREN DETAILS

Child's Surname	Child's First Name	Date of Birth	Sex M/F	Name of School

## PARENT/GUARDIAN DETAILS

Parent/guardian's surname/family name				
Parent/guardian's first name				
Parent/guardian's date of birth				
Parent/guardian's National Insurance No.				
Daytime telephone number				
Parent/guardian's current address				POSTCODE <input type="text"/>
Please provide your old address if you have moved in the last year				

## SPOUSE/PARTNER DETAILS

Spouse/partner's surname (if applicable)				
Spouse/partner's first name (if applicable)				
Spouse/partner's date of birth				
Spouse/partner's National Insurance No.				

**Please (X) if you are in receipt of working tax credit**

**Please (X) The type of benefit you receive, if any:**

- Income Support    Income-based Jobseeker's Allowance    Income-based Employment Support Allowance  
 Support from NASS (National Asylum Support Service)  
 Support from a local authority SSAT (Social Services Asylum Team)    Guarantee element of State Pension Credit  
 Child Tax Credit and joint income of no more than £16,190

**If your circumstances change, please inform your child's school immediately!**

## DECLARATION

The information I have given on this form is complete and accurate. Any personal information you give us is held securely and will be used only for council purposes. Information that was given for one purpose may be used for other council purposes, unless there are legal restrictions preventing this.

Signature of parent/guardian:

Date: