

Pupil Benefits Children, Education and Families

Application for Free School Meals/Pupil Premium Payment

This form should only be submitted if your child attends a school in the London Borough of Bromley and has not been in receipt of Free School Meals since April 2018.

Free School Meals are available to pupils in full-time education whose parent/carer receives one of the benefits listed below. Children attending part time nursery provision or independent schools are NOT entitled to Free School Meals.

Please note that Free Harris Academy Beck															
Please tick one 🗸 (Current Qualifying Benefits														
	Universal Credit – household income less than £7,400 a year (after tax and not including any penefits you get)														
	ncome Si	ncome Support													
	ncome Ba	come Based Jobseeker's Allowance/ Income Related Employment and Support Allowance													
	Guarante	arantee element of Pension Credit													
		ild Tax Credit (provided you're not also entitled to Working Tax Credit and have an annual oss income of no more than £16,190)													
	Support fr	upport from NASS under Part 6 of the Immigration & Asylum Act 1999									1999				
	Working T	Γax Credi	it run-	on –	paid fo	r 4 w	eeks	after y	ou stop	qualify	ing for Working Tax Credit				
Section 1: Details of the Parent/Carer claiming one of the benefits above. Your application cannot be processed unless ALL the following details are provided.															
Is this your first applica	ation?	Surname													
Title (Mr/Mrs/Miss/Ms)		First Na													
National Insurance No. NASS (Asylum Seekers															
Date of Birth		Relationship to child/ren listed below													
Address															
		Date of						f moving to this address							
Postcode		Teleph					one No.								
Email Address															
Section 2: Details of creceipt of Free School		iving wit	th app	olicar	nt, atte	ndin	ıg rele	evant	Bromle	y scho	ols and not currently in				
Full names of children attending relevant Bromley Schools							oto of	Dirth	Cirl/Do	v Coh	Cabaci attanded / to be attended				
Surname First Name					Di	ate of	BITUT	Girl/Bo	y Scr	School attended / to be attended					

NB. If you are a foster parent you will not be able to claim for any foster children unless you are in receipt of one or more of the qualifying benefits shown above.

Section 3: Details of your husband/wife/partner (if he or she lives with you).

Surname						First Name/s						
Title (Mr/Mrs/Miss/Ms)						Date of Birth						
National Insurance No. or NASS (Asylum Seekers) No.												
Relationship to applicant							ip to ch ction 2		n			
Any other surname(s) used by the family												

When your application is received your entitlement will be checked using the Department of Education Eligibility Checking Service and you will be advised, in writing, whether or not your claim is successful. Should the application be unsuccessful you will be given the opportunity to provide current documentary evidence to show which benefit you receive.

Section 4: Declaration to be signed by the Applicant							
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 the law to verify my entitlement.							
I declare that the evidence given on this form is true.							
Signed	Date						

DATA PROTECTION ACT 1998

The London Borough of Bromley will use the information given on this form for the purpose of processing your application for free school meals. We are under a duty to protect the public funds we handle and may use the information you provide to prevent and detect fraud. We may also share this information, for the same purposes, with other organisations which handle public money.

Thank you for filling in this form. Please make sure you have completed all sections. If you need any help please ring us on 020 8313 4127 or 020 8461 7389

Please complete and send this form to: Pupil Benefits Children, Education and Families, Civic Centre Stockwell Close Bromley BR1 3UH.

FOR OFFICE USE ONLY						
UC IS IBJSA NASS CTC GPC IBESA	Approved by:					
Proof received:	FSM start:					
Proof requested:	Letter sent:					
HUB Entitled:	Date:					