Application Form for Universal Infant Free School Meals and Pupil Premium

To enable schools to know whether or not to order a meal for your child, and for your school to receive pupil premium (if you qualify), please complete this form and return it to your child's school.

Important: All sections must be filled in clearly in BLOCK CAPITALS and if you receive benefits, must be completed by the person claiming the qualifying benefit. If you have any questions, please speak to the school or call the Helpline on 0845 345 9122.

1. Details about you

Legal Surname	Legal Forename	Title	Date of Birth	National Insurance Number or National Asylum Support Number								

2. Your address:

Address: _____

Post Code: _____ Relationship to child(ren): _____

Telephone Number(s): Daytime _____ Mobile _____

Child(ren)'s Address: _____ Post Code _____
(if different)

3. Details of each dependant child that you wish to claim for in Somerset (include all children):

| Legal Surname	Legal Forename	Date of Birth	Name of School Attending	Do you want your child to receive a free meal?*

*If your child has any dietary requirements, please speak to the school about this.

4. Declaration:
I confirm that the information I have given above is correct. I will tell you immediately if my details (for example address) or my circumstances change. I understand if I qualify for pupil premium this application will be treated as an application for free school meals and my details will be logged on the free school meal system with Somerset County Council.

I wish for Somerset County Council to be able to assess my claim now and in the future via a secure computer link with the Department for Education. I agree that Somerset County Council can use the information I have provided to process my claim for free meals and can contact other sources as allowed by law to verify my initial and continuing entitlement. The information requested will be held securely and will only be disclosed to staff in the Local Authority or partner agencies who have a right of access, as well as, where appropriate, to the Department of Education, Ofsted and Capita Children's Services If a disclosure elsewhere becomes necessary, we will contact you before doing this. When no longer required, it will be disposed of in a manner appropriate to its sensitivity.

Your signature: _____ Date: _____

Please return this form to your school office.
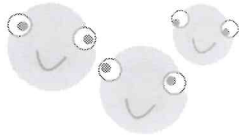
Office Use Only

Eligible?		Core Data	EMS	Letter sent