



FREE SCHOOL MEALS - PERMISSION TO MAKE INITIAL APPLICATION AND RENEWALS

Your application will not be processed without all the requested information being supplied and the declaration being signed. Please ensure you tick the box in the declaration if you wish St John's to make the renewals each year.

YOUR DETAILS;

TITLE: FULL NAME:

ADDRESS:

.....

DATE OF BIRTH: NATIONAL INSURANCE NUMBER:

BENEFIT YOU ARE RECEIVING:

CHILDREN'S DETAILS;

Please supply the following information for **ALL** of your children attending **St John's**. Please use the back of this form for additional children.

NAME:

DATE OF BIRTH: YOUR RELATIONSHIP TO THE CHILD:

NAME:

DATE OF BIRTH: YOUR RELATIONSHIP TO THE CHILD:

NAME:

DATE OF BIRTH: YOUR RELATIONSHIP TO THE CHILD:

DECLARATION:

I certify that the information I have given is to the best of my knowledge correct and I understand it is fraudulent to give false information.

I agree that you will use the information provided to assess my current and ongoing eligibility to claim free school meals via www.myfreeschoolmeals.com. I understand that my entitlement to free school meals will continue only for as long as I receive one of the qualifying benefits.

I agree to inform the free school meals administrator immediately if my benefit or tax credit entitlement changes, or if I change my name and/or address.

Please renew my application for free school meals each year.

(Please tick if you wish St John's to automatically make annual renewals)

Signed Date