ARE YOU CLAIMING AS : please circle below

PARENT **GUARDIAN** **SELF** (if applying for yourself you only need to fill in the name of your school in section 2 below and to sign and date the declaration)

2: YOUR CHILDREN/SELF Please include all children for whom you receive Child Benefit

First name Middle name	Surname or Family name	Male or Female	Date of Birth	Which school do your child/ren attend

Are these children living with you? Yes ☐ No ☐

If No, please tell us where they live . . . . . .

. . . . . .

3: DECLARATION

Please read this declaration carefully before you/your partner sign and date it.

This is my/our claim for free school meals. I/We declare that the information I/we have given on this form is correct and complete to the best of my/our knowledge.

I/We authorise the council to make any necessary enquiries to verify the information on this claim.

I/We authorise the council to cross check the information I/we have given with other parts of the council, other authorities, agencies and asylum support centres.

In the event that I am also claiming housing benefit or council tax benefit the information on my claim will be used to prevent overpayments and to inform and advise me about other government welfare benefits.

I/We understand that if I/we give information that is incorrect or incomplete or fail to report any changes which might affect my/our benefits I/we may be prosecuted.

Signature of Claimant ..... **Date** ...../...../.....

Signature of Partner ..... **Date** ...../...../.....

Data Protection

The information given on this form will be held on computer. It will be subject to the provisions of the Data Protection Act 1984 (as amended by the 1998 Data Protection Act). The information you have given is confidential.

We may supply certain information to third parties for use in determining your claim and/or for the purposes of data matching for the prevention and detection of fraud.