

Application Form for Universal Infant Free School Meals and Pupil Premium

WWW.SOMERSET.GOV.UK



To enable the school to know whether to reserve a free meal for your child(ren) or not and for your school to receive pupil premium (if you qualify), please complete this form.

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 0300 123 2224.

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 have Parental Responsibility?	Do you want your child to receive a free meal?*

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

Please read our privacy notice that can be found on the next page.

4. Declaration: I confirm that the information I have given above is correct and that I have read and understand the privacy notice. 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.

Your signature: _____ Date: _____

Please return this form to your school office.



Office Use Only

Eligible?	Core Data	EMS	Letter Sent
Y/N			