

Free School Meal Application Form

Complete this form and return to The Langley Academy to apply.

Please Note: Fields marked with an asterisk * are required in order for the form to be processed.

You and Your Child(ren)

Title		First Name		*Surname		*Date of Birth (YYYYMMDD)	
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Address		Postcode	
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*National Insurance Number or National Asylum Support Service Reference Number (NASS No)		Relationship to child(ren)	
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Your child's first name		Your child's surname		School Attended	

Parent Declaration:

I am currently receiving the following qualifying benefits: (please tick all the boxes that apply below)

<input type="checkbox"/>	Income Support
<input type="checkbox"/>	Income Based Jobseeker Allowance (IBJSA)
<input type="checkbox"/>	Income-related Employment and Support Allowance
<input type="checkbox"/>	Support under Part VI of the Immigration and Asylum Act 1999
<input type="checkbox"/>	Child Tax Credit and my family income is below £16,190. I am not receiving working tax credit.
<input type="checkbox"/>	The Guaranteed element of State Pension Credit

I confirm that I am the legal parent/carer for the child(ren) on this form and that information provided is correct. I agree that you will use the information I have provided to process my claim for free school lunches and will contact other sources as allowed by law to verify my initial, and ongoing, entitlement. I agree to inform the school of any change in my circumstances.

Under the Data Protection Act 1984 and 1998, I give permission for Slough Borough Council and its agents to keep personal details for me and my child(ren) on a database. Slough Borough Council and its agents may share this information government, local authority departments and other authorised organisations for administrative, statistical and research purposes. I understand that, by signing this form, I am also agreeing for my details and those of my child to be passed to my local children's centre for registration. I give permission for the children's centre to contact me with information about services in my area.

I have read and understood the statements above and would like to apply for free meals.

Parents Signature	Print Name	Date

To be completed by the school office:

Date form entered on to school spreadsheet ____/____/____ Entered by _____