



School Stamp

This form is only for children attending a school maintained by Westminster Local Authority (LA). If you have children attending schools in another borough you must ask the school who you should apply to. Please complete one form for each child and take it to their school to be stamped. The school can pass your form to us or you can send it to: **Westminster City Council, FSM, PO Box 5744, Dingwall, IV15 9XB**

Child's Details

First Names Sex Male
 Surname Female
 Date of Birth School Attended
 Have you previously applied to Westminster for Free School Meals? Yes No

If you are applying for the first time please provide proof of your child's date of birth and that you are the child's parent/guardian (i.e. photocopy of full birth certificate or child benefit letter).

Details of the Parent/Guardian who is receiving one of the incomes listed below

First Names
 Surname
 Date of Birth
 National Insurance No. or National Asylum Support Service Ref. No.
 Address

 Postcode
 Tel No

Please tick the income you receive

- Income Support
- Income-based Jobseekers Allowance
- Income-related employment and support allowance
- Support under part VI of the Immigration and Asylum Act 1999
- Child Tax Credit (provided they are not entitled to Working Tax Credit) and have an annual income that does not exceed £16,190* (as assessed by Her Majesty's Revenue and Customs)
- Guarantee element of State Pension Credit

* subject to review in April 2011

Proof of income you receive is not required except for Child Tax Credit when a photocopy of pages 1-4 of your most recent TC602 Tax Credit Award Notice must be provided.

Declaration

I declare that I am the person with parental responsibility for the child named above and the information I have given on this form is true to the best of my knowledge and belief.

I authorise Westminster LA to use the information I have provided to process my claim for free school meals and will contact other sources as allowed by law to verify my initial and ongoing entitlement.

I will inform my LA and my child's school immediately if I lose my entitlement to any of the named incomes above and if my circumstances change I may become liable for payment of any free school meals taken by my child or children to which they are not entitled.

I will inform my LA if my child changes school or if I move address.

Signature of Parent/Guardian

Date

Please Note

This Authority is under a duty to protect the public funds it administers and to this end may use the information you have provided on this form within this authority for the prevention and detection of fraud. It may also share this information with other bodies that administer public funds solely for these purposes.

Further Information – Please enter any further information to support your application here.

For Office Use

Input by (Initials and Date)

Benefits confirmed (by Hub or documents)

Proof of child's DOB received

Application Returned (Date and Reasons)

Application assessed by

FSM Start Date

Finish Date