

FREE SCHOOL MEALS CLAIM FORM

SCHOOL STAMP

 ISLINGTON


Cambridge Education
Islington

Please complete all sections and return to your child's school:

Please contact **Esther Adeleye 020 7527 5483** or **Stephanie Wilby 020 7527 4336** should you have any queries about completing the form

CHILD/CHILDREN DETAILS

Child's Surname	Child's First Name	Date of Birth	SexM/F	Name of School

PARENT/GUARDIAN DETAILS

Parent/guardian's surname/family name				
Parent/guardian's first name				
Parent/guardian's date of birth				
Parent/guardian's National Insurance No.				
Daytime telephone number				
Parent/guardian's current address				POSTCODE <input type="text"/>
Please provide your old address if you have moved in the last year				

SPOUSE/PARTNER DETAILS

Spouse/partner's surname (if applicable)				
Spouse/partner's first name (if applicable)				
Spouse/partner's date of birth				
Spouse/partner's National Insurance No.				

Please (X) if you are in receipt of working tax credit

Please (X) The type of benefit you receive, if any:

- Income Support Income-based Jobseeker's Allowance Income-based Employment Support Allowance
- Support from NASS (National Asylum Support Service)
- Support from a local authority SSAT (Social Services Asylum Team) Guarantee element of State Pension Credit
- Child Tax Credit and joint income of no more than £16,190

If your circumstances change, please inform your child's school immediately!

DECLARATION

The information I have given on this form is complete and accurate. Any personal information you give us is held securely and will be used only for council purposes. Information that was given for one purpose may be used for other council purposes, unless there are legal restrictions preventing this.

Signature of parent/guardian:

Date: