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**Free School Meals Entitlement Form**

**Please read carefully and complete the required information below**

**Parent/Carer Details**

|  |  |
| --- | --- |
| **Title:** |  |
| **Forename:** |  |
| **Surname:** |  |
| **National insurance number OR National Asylum Support Service reference number** |  |
| **Date of Birth (DD/MM/YYYY):** |  |
| **Relationship to child:** |  |
| **Email address:** |  |
| **Home address:**  |  |
|  | **Postcode:** |  |

**Child’s Details**

|  |  |
| --- | --- |
| **Child’s full name:** |  |
| **Child’s Date of Birth (DD/MM/YYYY):** |  |
| **Child’s gender:** |  Male [ ]  Female [ ]  |

**Please answer the following questions**

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| **I receive Income Support or Income Based Job Seekers Allowance** | [ ]  | [ ]  |
| **I receive Income Related Employment and Support Allowance** | [ ]  | [ ]  |
| **My income is less than £16,190 and I receive Child Tax Credit** | [ ]  | [ ]  |
| **I receive Working Tax Credit** | [ ]  | [ ]  |
| **I receive Guarantee Credit** | [ ]  | [ ]  |
| **I receive support under part VI of immigration and Asylum Act 1999** | [ ]  | [ ]  |
| **I receive Universal Credit** | [ ]  | [ ]  |

**I give permission for Armfield Academy to apply on my behalf to check my entitlement for free school meals and pupil premium.**

|  |  |
| --- | --- |
| **Signed:** |  |
| **Name:** |  |
| **Date:** |  |

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