Wandsworth Council

Department of Education & Social Services

APPLICATION FORM FOR PUPIL PREMIUM & FREE SCHOOL MEALS

Name of School: _____

Pupil's Name

First Name

Surname

D D M M Y Y Y Y

Date of Birth

Parent/Guardian

First Name

Surname

D D M M Y Y Y Y

Date of Birth

National Insurance Number

or

NASSS Reference Number

Declaration

I declare that the information I have given here is true and complete, and I agree that I will inform the school of any changes to my financial circumstances. I also understand that failure to do so may result in my repaying the full cost of meals from the date of change.

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 the law to verify my initial, and ongoing, entitlement.

I understand that the results of any free school lunch eligibility check may also be used to assess my entitlement to further 'benefits' should they be appropriate.

Parent/Guardians Signature: _____ Date: _____

Data Protection Act 1998

WARNING: The 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 its Authority for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes.

School Use Only (1)

Information Checked by: _____ Position: _____

Information sent to Children's Services on _____ (date)

Response received on: _____ (date)

Eligibility Confirmed ☐ (✓)

Non Eligibility Confirmed ☐ (✓)

Date: _____

Please retain on pupils file.