Universal Free School Meals: Registration Form

IL1: PROTECT [when complete]



PTO

We write to you on behalf of your child's school as you have a child(ren) who will be **starting in Reception in September 2019** and will be entitled to receive a universal free school meal at no cost to you.

From September 2019, choosing a school lunch for your child(ren) will help save you up to £400 per year per child, if you take up the offer. Meat and vegetarian options are available every day, and we can consider other dietary requirements where a menu is agreed in advance. Please discuss this with your school.

This is a popular offer in Sandwell. To help us plan ahead and ensure that schools can claim the correct level of funding for your child, and help us plan for the number of children having a school lunch from September 2019, please provide the details requested on the form and return to your school as soon as possible.

We will use this information to check for eligibility to claim additional grant money from central government. It will be used for no other purposes and will remain confidential to us. There may also be other benefits for your child offered by your school, e.g. free trips etc. Please ask your school.

Education Benefits Team - Sandwell Metropolitan Borough Council

	child(ren) er olete in ink an						I names)
First name of Child 1		S	urname o	f Child 1			
Date of birth (Child 1) D D M M Y Y	School Child	1 Attending					
First name of Child 2		S	urname o	f Child 2			
Date of birth (Child 2) D D M M Y Y	School Child	I 2 Attending					
Do you have other children of	of school age a	ittending a Sa	andwell scl	nool?		Yes	No
	arent/legal g s must be co		ink and (BAPITAL	LEITE	RS)	
Title	Surname						
First Name Relationship to child(ren) (Mother/Father/Legal Guar	dian etc.)				DOB	M G G	MYY
National Insurance Number or NASS Ref Number of Parent/Guardian/Claimant – this MUST be provided							
Address and postcode		Contact Phor	ne No.				
	nose parent/ ee school m				f the fo	llowing ar	e entitled to
Is your joint family income over £16,190 per year?						Yes	No

If you tic	ked 'No', please tick the relevant box if you are in receipt of any of the benefits listed below	٧.
income S	Support	
Universal	Credit - with a household net income of less than £7,400 a year	
Job Seeke	ers Allowance - Income Based Only	-
Employm	ent and Support Allowance – Income Related Only	
Pension (Credit – Guaranteed Element (including Child Tax Credit)	
Support u	under Part VI of the Immigration and Asylum Act 1999	
(NOT Incl	Credit only – with an annual income of less than £16,190 luding Working Tax Credit – check your latest Tax Credit Awards Notice if you are unsure)	
Working 7	Tax Credit run-on (paid for the four weeks after you stop qualifying for Working Tax Credit)	
☐ Ple	ease tick this box if you are not sure whether your joint family income is over £16,190, but you build still like us to check if your child is eligible. Please now continue to Section 3.	
NOV	V COMPLETE YOUR CONSENT AND SIGN THE DECLARATION BELOW PLEASE	
Section	4: Your Consent	
40	gree that you will use the information I have provided to process my claim for free school meals verify my initial, and ongoing, entitlement; and that you may contact other sources, such as the partment for Education (DfE) as allowed to confirm this.	
Ple	ease note that where successful, your details will be passed to the applicable school.	
If you do r have read	not consent to the above we cannot proceed with your application, so please ensure that your and ticked the box before submitting this application form.	ou
The Data C Council, Sa	Controller for the information held about you for this purpose is Sandwell Metropolitan Borough andwell Council House, Freeth Street, Oldbury B69 3DB. Phone 0121 569 2200.	
The Data F	Protection Officer can be contacted at the above address and through email at @sandwell.gov.uk	
The information and for no council.	ation on this form, where you have given us consent to use, will ONLY be used for that purpose other. Where you have not provided us with consent, the information will not be used by the	
	ation provided under consent will only be used and shared for the purposes outlined on this form. when a legal duty is placed upon the council then the council will consider the sharing of your in accordance with that duty (e.g. police etc.).	
At any poin	it, you have the right to withdraw your consent by contacting the office below.	
To understa access you	and more about why we collect your information, what we do with your information, how you can information, your personal information rights, how and to whom to raise a complaint about your please visit our privacy notice page at http://www.sandwell.gov.uk/privacynotices	
Section 5	S: Your Declaration	
information	ation I have given on this form is complete and accurate. I understand that my personal informaticularly and will be used only for local authority purposes. I agree to the local authority using this to process my application for free school meals. I also agree to notify the local authority in writing age in my family's financial circumstances as set out in this form.	
Signature of	of parent/guardian: Date:	
receibt of o	nce with our service standards, eligible claims will be processed within five working days from ompleted application forms. However, if you require further information or assistance, please Free School Meals Team on 0121 569 8186 or 8189.	-
Please retu	rn your completed form to Education Benefits, Sandwell Council House, Freeth Street, Oldbury B69 3DB	

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