

CONFIDENTIAL

APPLICATION FOR ASSISTANCE WITH FREE SCHOOL MEALS AND RESIDENTIAL VISITS*

Children who receive benefits in their own right are also entitled to Free School Meals Surname of Parent/Guardian: Mr/Mrs/Miss/Ms: Forenames: Relationship to pupil(s): **Full Postal Address:** Postcode: Telephone: **Email address: National Insurance Number:** Date of Birth: Please give below the details of each dependant child who is, or will be, in full-time attendance at a North Yorkshire County Council maintained School or College for whose maintenance you are responsible. Full Names of children M/F Date of Birth Name of School Attending Please indicate which benefit or credit you are currently in receipt of: Income Support Income-Based Jobseekers' Allowance Income-Related Employment and Support Allowance Income-based and Contributions-based JSA or ESA on an equal basis Child Tax Credit, provided you are not entitled to Working Tax Credit, and have an annual household income (as assessed by HM Revenue & Customs) that does not exceed £16,190 Support under part VI of the Immigration and Asylum Act 1999 Guarantee element of State Pension Credit Universal Credit – during the initial roll-out of the benefit A "Run-on" of Working Tax Credit - the payment someone may receive for a further four weeks after they stop qualifying for Working Tax Credit Applicants in receipt of the above benefits or credits do not need to enclose proof. You will be contacted should further information be sought. Residential Visits – If you are applying for help with a residential trip, please indicate which Outdoor Residential Centre your child will be visiting below; Bewerley Park **East Barnby** (Visits to be wholly or mainly within school hours) Dates of Visit If your child is already receiving free school meals you do not need to complete this form for assistance with the above visit. I agree that you may use the information I have provided to process my claim for free school meals and may contact other sources as

allowed by law to verify my initial, and ongoing, entitlement. I understand that the results of any free school meal eligibility check may also be used to assess my entitlement to other assistance such as home to school transport/college transport and assistance towards residential visits. Should my claim be successful I will make the Welfare Team aware of any change in my circumstances which could affect my entitlement to benefits and assistance. Should my entitlement to the above assistance cease, I agree to reimburse the County Council with the full cost of any benefit/assistance taken by my children whilst ineligible.

Signature of Applicant Date

Please complete and return this form to: The Welfare Team, CYPS, Jesmond House, 31/33 Victoria Avenue, Harrogate, HG1 5QE Fax: 01423 709048

If you have any queries, please do not hesitate to contact the Welfare Team at the above address or by telephone on 01609 533405