Pupil Benefits Application Form
Free School Meals / School Clothing Grants

	Parent/Carer	Partner (if applicable)
Title	Mr ☐ Mrs ☐ Miss ☐ Ms ☐	Mr ☐ Mrs ☐ Miss ☐ Ms ☐
Status	Single ☐	Married/Living with partner ☐
Surname		
First Name(s)		
Address		
	Postcode	
Phone No. And email **(DO NOT LEAVE BLANK)**		
National Insurance No. **(DO NOT LEAVE BLANK)**		
Date of birth		

We only provide free school meals to children attending Academy schools where we have a local agreement in place. Please check our website for schools we can accept applications for. For any other Academies you will need to contact the school directly to see if you can receive any help.

Child/Children's details **PLEASE INCLUDE EVERY CHILD IN YOUR FAMILY UNIT**

Surname	First name	Date of birth	Boy /Girl	Name of school this child attends	Your relationship to this child	Do you claim Child Benefit

Which benefit(s) you receive (please ✓)

- ☐ Universal Credit (Annual net income not exceeding £7,400)
- ☐ Universal Credit (Annual net income over £7,400)
- ☐ Guarantee element of Pension Credit
- ☐ Support under Part 6 of the Immigration Asylum Act 1999

All children in infants (Reception, Year 1 & Year 2) will automatically receive a school meal without charge. Children in primary school (Years 3, 4, 5 and 6) currently receive free school meals funded by the GLA. However, you should still complete this application form so that you and the school can claim additional grants.

If you are in receipt of Universal Credit (Annual net income not exceeding £7,400), you may qualify for a school clothing grant if you are a Royal Borough of Greenwich resident. You must complete the bank details on page 2 to receive a clothing grant payment, the account must be in your name.

ROYAL borough of GREENWICH

Have you made a previous claim to Royal Greenwich for Pupil Benefits? ☐ Yes ☐ No

Please state the name of the borough you live in

Please state your previous address if you have moved in the last 12 months

Fairness and Equal Opportunities

The Council wants to make sure all claims are treated fairly.
To help us do this, please answer the following questions. This information will not affect your claim.

How would you describe your ethnic origin (please ✓)

White:
- ☐ British
- ☐ Irish
- ☐ Gypsy or Roma
- ☐ Any other white background

Black
- ☐ African
- ☐ Caribbean
- ☐ Black Somali
- ☐ Any other black background

Chinese or other ethnic group:
- ☐ Chinese
- ☐ Vietnamese

☐ Any other ethnic group: (please specify)

Mixed:
- ☐ White and black African
- ☐ White and black Caribbean
- ☐ White and Asian
- ☐ Any other mixed background

Asian or Asian British:
- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Any other Asian background

☐ Disabled

Bank details

Name of your Bank/Building Society (Please note we cannot make payments into post office accounts)

Name of account holder

Account No.

Sort Code

Declaration

Please read and sign the declaration below.

You must inform the Pupil Benefits Team immediately if you change address, stop receiving any of the qualifying support payment/benefits or any other circumstance that might affect entitlement to Free School Meals or other pupil benefits. If your child/children receive(s) a Free School Meal that they are not entitled to, you may be liable to pay for all meals that they have at school. If you have any queries regarding these guidelines, please contact the Pupil Benefits Team.

The information provided to the local authority will be used to process the application for Free School Meals and other Pupil Benefits, the local authority will contact other sources as allowed by the law to verify initial and ongoing entitlement which will be undertaken on a regular basis.

Applicants are advised that it is a criminal offence knowingly to make an untrue statement or other false representation to obtain a grant, contribution or other financial benefit from the Council. This Council is under a duty to protect the public funds it administers and to this end may use the information you have provided within the authority for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes.

Signature of claimant

Date

Please return this completed form to: **PBS, 2nd Floor, TWC, Wellington St, Woolwich. SE18 6HQ**