

Free school meal registration form

Please complete all sections of this form and return to your child's school using black ink and **BLOCK CAPITALS** Please contact **01452 425434/425390** or email **edsupport@gloucestershire.gov.uk** should you have any queries about completing the form.

If your circumstances change, please inform your child's school immediately.

A) Your Full Name: (Mr./Mrs./Ms./Miss) _____

Date of Birth _____

Relationship to child(ren) _____

Full Address _____

Postcode _____ Telephone number (inc. code) _____

Email _____

Please state your National Insurance Number

Please state your NASS Number: (Asylum Seekers _____ / _____ / _____)

B) Please tick boxes below to indicate which benefit you are entitled to:

Income Support Income-based Jobseeker's Allowance Child Tax Credit (**not Working Tax Credit**)

Guaranteed Pension Credit Employment & Support Allowance (**Income related**)

Asylum Seeker Support Working Tax Credit 4 week 'run-on'

Child's Surname	Child's First Name	Date of Birth	Year Group	Name of School

DECLARATION

The information I have given on this form is complete and accurate. Any personal information you give us is held securely and will be used only for council purposes. Information that was given for one purpose may be used for other council purposes, unless there are legal restrictions preventing this.

Signature of parent/guardian _____

Date _____

Office Use Only

Officer: _____

Date processed: _____