Apply on this form if you think you may be eligible for free school meals or pupil premium which may entitle you to reduced prices for clubs, educational visits and school journeys.

Is your family joint income less than £1	16,190?	Yes	No	
Parent /Guardian details				
Parent / Guardian 1 Parent/Guardian Surname				
Parent/Guardian Forename				
Parent/Guardian Date of Birth				
National Insurance or NASS number				
Parent/Guardian 2 Parent/Guardian Surname				
Parent/Guardian Forename				
Parent/Guardian Date of Birth				
National Insurance or NASS number				
DWP Benefits/inland Revenue Tax C	Credits			
Which benefits/tax credits do you recei	ve? (please	tick):		
Income support of Jobseeker's allowan	ce (Income-l	based)		
Employment support allowance (Incom	ne-related)			
Child tax credit only –income below th	reshold amo	unt for free scho	ool meals	
Guarantee element of pension credit				
Support under Part VI of the Asylum A				
If you receive working tax credit (regardles you have recentlystopped work of reduced				
Child's details Child's Surname				
Child's Forename				
Child's Date of Birth				
School Year Group (from Sept 14)				

Current address		
Postcode:		
Daytime telephone num	nber	
Mobile:		
Home:		
Declaration I declare that the information I have given in this form is true and complete and I undertake to inform Lewisham Council if my benefit entitlement changes.		
Signature:		
Date:		
Thank you for completing this form –please return it to your child's school as soon as possible.		
If you have any questions, please ask your school office or call the Lewisham school meals team on 020 8314 6221		