

**CONFIDENTIAL**

**APPLICATION FOR ASSISTANCE WITH FREE SCHOOL MEALS AND RESIDENTIAL VISITS\***

**To apply for the above assistance a child's parent(s) should be in receipt of one of the following benefits or credits;**  
Income Support; Income-Based Jobseeker's Allowance; Income-Related Employment and Support Allowance; 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 or Guarantee element of State Pension Credit. Where parent(s) are entitled to Working Tax Credit during a four-week 'run-on' period after they stop qualifying for Working Tax Credit, their children are entitled to free school meals.  
Children who receive Income Support or Income Based Jobseekers Allowance in their own right are also entitled to Free School Meals.

|                                    |                       |                                  |
|------------------------------------|-----------------------|----------------------------------|
| <b>Surname of Parent/Guardian:</b> |                       | <b>Mr/Mrs/Miss/Ms:</b>           |
| <b>Forenames:</b>                  |                       | <b>Relationship to pupil(s):</b> |
| <b>Full Postal Address:</b>        |                       |                                  |
| <b>Postcode:</b>                   | <b>Telephone:</b>     |                                  |
| <b>National Insurance Number:</b>  | <b>Date of Birth:</b> |                                  |

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 all children | M/F | Date of Birth | Name of School Attending | Type of Assistance Required |
|----------------------------|-----|---------------|--------------------------|-----------------------------|
|                            |     |               |                          |                             |
|                            |     |               |                          |                             |
|                            |     |               |                          |                             |
|                            |     |               |                          |                             |

**Please indicate which benefit or credit you are currently in receipt of:**

- Income Support
- Income-Based Jobseekers' Allowance
- Income-Related Employment and Support Allowance
- 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
- 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 (Applicable only to the following Outdoor Education Centres)** Please indicate the centre;

**Bewerley Park**                          **East Barnby**   

Dates of Visit \_\_\_\_\_ to \_\_\_\_\_ (Visits to be wholly or mainly within school hours)

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 free travel to school, assistance towards residential visits and assistance towards the cost of uniform and shoes. Should my claim be successful I will make the Education Office 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