

## Application for Free School Meals/School Uniform/Physical Education Clothing Allowance 2016/2017

**It is important to return your completed form immediately to avoid delaying your claim. Forms are processed in date order of receipt. Due to the high volume of forms during the summer it may take up to 6 weeks to process your claim. Unsigned or incomplete forms cannot be processed and will be returned to you.**

This form must be completed and signed by the person receiving benefits as stated overleaf. Application must only be made for children IN YOUR ACTUAL CUSTODY who are included in the parents'/guardians' Child Benefit or Child Tax Credit payments.  
*Some schools may use eligibility to free school meals as part of their Transfer Admissions Criteria*

### Claimant's Details

|                |                                                                                                                                     |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------|
| Name _____     | Mr   Mrs   Ms   Miss (Please circle)                                                                                                |
| Address _____  | National Insurance No <table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"></table> |
| _____          | Date of Birth (of Parent/Guardian) _____                                                                                            |
| _____          | Relationship to Child(ren) _____                                                                                                    |
| Postcode _____ | Telephone Number(s) _____                                                                                                           |
|                | Home: _____                                                                                                                         |
|                | Mobile: _____                                                                                                                       |

Previous address within the last 12 months if different from above: \_\_\_\_\_

**Account Details** Please give details of the bank or building society account into which you require the uniform allowance to be paid (the account must be in your name). **Payment cannot be made to Post Office accounts.**

Bank/Building Society \_\_\_\_\_ Branch \_\_\_\_\_ Account Holder's Name(s) \_\_\_\_\_

Sort Code 



 - 



 - 



 Account Number

I do not have a bank/building society account and understand that the uniform payment will be made by a crossed cheque - Tick if applicable

*If you do not have a bank or building society account, photographic ID required by Bank of Ireland (NI) to cash your cheque is a current full driving licence, valid passport, electoral card, Translink Smart Pass, student ID/registration card or EU/UK National Identity Card.*

**Please refer to the notes for information before completing this section as the form will be returned to you if not fully completed**  
Enter the details of the child/children in your actual custody, in full-time attendance at School/College and Regional/FE College for whom free school meals/uniform/physical education allowance is/are required. Do not include students on paid training courses at Regional/FE College. If a child will attend an EOTAS Learning Centre, write the school and the EOTAS Centre. If waiting for results and unsure of the school write "Waiting for results" in the School/College to be attended box and contact the Meals and Uniform Section when the school is known.

| Surname as shown on Birth Certificate or Legal Name                                                                                                     | Forename(s) as shown on Birth Certificate or Legal Name | Male or Female | Date of Birth | School or College to be attended full-time during school year 2016/2017 | Office Use |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------|---------------|-------------------------------------------------------------------------|------------|
|                                                                                                                                                         |                                                         |                |               |                                                                         | UNF Code   |
| <b>If your primary school child is transferring do not return the form until after receiving his/her school placement letter at the end of May 2016</b> |                                                         |                |               |                                                                         |            |
|                                                                                                                                                         |                                                         |                |               |                                                                         |            |
|                                                                                                                                                         |                                                         |                |               |                                                                         |            |
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|                                                                                                                                                         |                                                         |                |               |                                                                         |            |
|                                                                                                                                                         |                                                         |                |               |                                                                         |            |

**Regional/FE College students only** Is Physical Education part of his/her course? Yes/No (Please circle)  
**Please complete overleaf**

| Office Use                         |           |                                     |                              |
|------------------------------------|-----------|-------------------------------------|------------------------------|
| Entitled Parent/Principal informed | Continued | Cancelled Parent/Principal informed | Not Entitled Parent informed |
|                                    |           |                                     |                              |

**If you are receiving one of the benefits listed below this section must be completed and signed by the Social Security/Employment And Support/Pension Credit office**

The person stated overleaf is in receipt of:

(Please tick appropriate box)

Income Support

Income-Based Jobseeker's Allowance

Income-Related Employment and Support Allowance

Guarantee Element of State Pension Credit

**Above benefits are not in payment**

|                          |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

|                                    |
|------------------------------------|
| Official stamp of verifying agency |
|------------------------------------|

Claimant's National Insurance Number \_\_\_\_\_

Office Manager's Signature \_\_\_\_\_

Date: \_\_\_\_\_

*If you receive one of the above benefits your Tax Credits Award Notice (TC602)/Annual Review Notice (TC603R) is not required*

**If you are not receiving one of the above benefits please complete this section**

Do you receive Child Tax Credit or Working Tax Credit and have an annual taxable income of £16,190 or less?

Yes/No (Please circle)

**If 'Yes' when returning this form you must attach all pages of your Tax Credits Award Notice (TC602) for the year 06/04/16 to 05/04/17.**

If you do not receive a TC602 notice you may use your Tax Credits Annual Review Notice (TC603R) for the year ended April 2016. The TC603R must state on page 1 **"Check before 31/07/2016"**. An Annual Review Notice which states on page 1 **"Reply before 31/07/2016"** cannot be accepted.

If, by the end of July 2016, you have not received your TC602 or TC603R from H M Revenue and Customs please return this completed application form with an explanatory letter.

Are you an Asylum Seeker supported by the Home Office Asylum Support Assessment Team (ASAT) Yes/No (Please circle)

**As parent/guardian I, the undersigned**

- certify that the information I have given on this form is correct to the best of my knowledge and belief and the child(ren) named overleaf are in my custody and are included in the payments for Child Benefit or Child Tax Credit
- undertake to notify this Authority if there is any change in circumstances/benefits/address in the knowledge that if I do not do so I am liable for any loss of entitlement to free school meals or refunding this Authority for any free meals taken after benefit has ceased.
- certify that I have not applied to any other office for a uniform allowance for 2016/2017.
- undertake to refund to this Authority any overpayment of money paid for school uniform/physical education clothing on behalf of any of the children who do not attend school/college full-time or who do not enrol at the school/college during the 2016/2017 school year.
- understand that only one application can be made in respect of each child named.
- give permission for the Social Security Agency/Employment and Support Allowance Agency/Pension Service/HMRC/ASAT to provide to this Authority any information necessary to deal with my application for free school meals/uniform allowance.
- agree that the information provided on this form may be shared with other Departments/Agencies within and outside this Authority for the purposes of the provision of services and the detection and prevention of crime.
- understand that the information on this form is required by this Authority for the purposes of processing this application. The information is covered by the provisions of the Data Protection Act 1998. My signature below is deemed to be an authorisation to allow this office to process and retain the information for the purposes stated.

**Claimant's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Completed forms should be returned to:**

Meals and Uniform Section, Education Authority, 40 Academy Street, Belfast. BT1 2NQ  
Telephone 02890 564000

|            |        |     |     |        |            |
|------------|--------|-----|-----|--------|------------|
| Office Use |        |     |     |        | Checked by |
| TC602      | TC603R | CTC | WTC | Income | £          |