Cumbria County Council



Application for Free School Meals and School Clothing Vouchers

Please complete this form in BLOCK CAPITALS

Parent / Guardian Details

Vall

Tou	
Title: Mr / Mrs / Ms / Miss	
First Name:	
Last Name:	
Date of Birth:	
	or NASS No:
Address:	
	_ Telephone No:
Relationship of Applicant to Pupil(s):	

Child / Children's Details

Please enter below the name of each child you wish to claim for who is:

- a) living at home and is in Full Time Education and under 16 or
- b) is **over 16** and **in Full Time Education** at school

First Name	Last Name	Date of Birth	Name of School (From September 2015)	
		1 1		
		1 1		
		1 1		
		1 1		
		1 1		
		1 1		
		1 1		
		1 1		

Form: WB1 (2015/2016)

Please tick the	e benefit you receiv	e for your child / childrer	1			
Child Tax Credit v						
Working Tax Cred						
Income Support						
Income Based Jobseekers Allowance (Not contribution based)						
Income Related	related)					
Guaranteed Elen	nent of State Pension C					
Support under Part VI of the Immigration & Asylum Act 1999						
I/We have an Annual Income of below £16,190 (as assessed by Her Majesty's Revenue & Customs) with no Working Tax Credit						
Universal Credit						
	eive Income Support or Free School Meals	Income Based Jobseekers Alle	owance in their	own right are also		
•	 Cumbria County Council has the facility to check benefit entitlement. This means that you do not need to send proof of benefit at this stage, however if we are unable to establish your entitlement we may request current documentary evidence. You may not qualify if you are in receipt of Working Tax Credit. You will be charged for all school meals taken prior to confirmation of entitlement. 					
Declaration						
I certify that the information given by me regarding income/benefits is correct to the best of my knowledge and belief. I authorise Cumbria County Council to use the information I have provided to process my claim for Free School Meals and to contact other sources allowed by law to verify my initial and ongoing entitlement. It will not be shared with any other parties.						
details (ie: addre protect public fund	ess / name / parent or gots and may use the info	rvice and my child's school in guardian) change. I understand or this form the meals taken by my child / child	nd theLocal Aut to prevent and d	hority has a duty to letect fraud. I will		
Signature of Appli	icant:		Date:			
Completed forms	should be returned to:	Free School Meals Service Service Centre Environment & Community S Parkhouse Building, Kingmo Carlisle, CA6 4SJ		rk		
If you require help or advice regarding your application please contact: Tel: 01228 221133						
For Office Use O	nly	Date Form Received:				
Claim checked or	FSM ECS: Fo	ound Not Found				
Date Input:	A	Authorised on behalf of CCC:				