

# FREE SCHOOL MEALS APPLICATION FORM

**CONFIDENTIAL**

Apply online at [www.lincolnshire.gov.uk/fsmapply](http://www.lincolnshire.gov.uk/fsmapply)

Please return your completed form to:  
Free School Meals, Lincolnshire County Council, County Offices, Newland, Lincoln, LN1 1YQ.

*Note: Please complete this form in black ink and BLOCK CAPITALS. Place a X to select a check box.*



## 1. DETAILS OF PERSON IN RECEIPT OF QUALIFYING BENEFIT

Surname  Title

Forenames

Date of Birth  /  /  National Insurance No

House

Street

Town  Postcode  -

Home Phone  -  Mobile Phone

Email Address

Preferred Contact Method  Email  Post

## 2. DEPENDANTS' DETAILS

School numbers can be found at [www.lincolnshire.gov.uk/schoolnumbers](http://www.lincolnshire.gov.uk/schoolnumbers)

*Please do not include foster children for whom a fostering allowance is paid.*

### Child 1

Surname

Forename

Date of Birth  /  /  Female  Male

School Number  School Name

#### Relationship of Child 1

- Son  Grandchild  
 Daughter  Foster child  
 Step child  Other

If other, please state:

### Child 2

Surname

Forename

Date of Birth  /  /  Female  Male

School Number  School Name

#### Relationship of Child 2

- Son  Grandchild  
 Daughter  Foster child  
 Step child  Other

If other, please state:

If you have any queries regarding this application please  
telephone: 01522 782030.

1240



# DEPENDANTS' DETAILS CONTINUED

School numbers can be found at [www.lincolnshire.gov.uk/schoolnumbers](http://www.lincolnshire.gov.uk/schoolnumbers)

## Child 3

Surname

Forename

Date of Birth  /  /  Female  Male

School Number  School Name

### Relationship of Child 3

Son  Grandchild

Daughter  Foster child

Step child  Other

If other, please state:

## Child 4

Surname

Forename

Date of Birth  /  /  Female  Male

School Number  School Name

### Relationship of Child 4

Son  Grandchild

Daughter  Foster child

Step child  Other

If other, please state:

## Child 5

Surname

Forename

Date of Birth  /  /  Female  Male

School Number  School Name

### Relationship of Child 5

Son  Grandchild

Daughter  Foster child

Step child  Other

If other, please state:

## Child 6

Surname

Forename

Date of Birth  /  /  Female  Male

School Number  School Name

### Relationship of Child 6

Son  Grandchild

Daughter  Foster child

Step child  Other

If other, please state:

## DECLARATION

I hereby certify that the above information given is a true statement of facts and I will inform the School Services Section of any change in my circumstances or any change of the qualifying benefit. I understand that steps may be taken to recover the cost of any meals taken to which the children were not entitled. I give permission for the School Services Section to contact other sources to verify my initial and ongoing entitlement, and agree for the results of any free school meal eligibility check to be used to assess my entitlement to receive transport to school, subject to submitting a home to school transport form to the relevant department.

Signature

Full name of person signing

Date

 /  / 

## Office Use Only

Household Number

## Data Protection Act

Lincolnshire County Council is registered under the Data Protection Act and will use personal information only within the Council or partner organisations and in accordance with the requirements of the Act. (Registration No: Z8397628).

1240

