

01609 533405

## 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 wh	o receive Income Support or Income B	Based Jobse	eekers Al	llowance in their own rigl	nt are also	entitled to Free S	School Meals.		
Surname of Parent/Guardian:						M	Mr/Mrs/Miss/Ms:		
Forenames:						Relationship to pupil(s):			
Full Postal	Address:								
Postco			code:			Telephone:			
National Insurance Number:				Date of			f Birth:		
	elow the details of each dependar		o is, or v	will be, in full-time atte	endance	at a North York	shire Count	y Council maintained School or	
Full Names of all children			M/F	Date of Birth	Name of School Attending Type of Assistance Require			Type of Assistance Required	
			<u> </u>						
Please indicate which benefit or credit you are currently in receipt of:  Income Support									
	Income-Based Jobseekers' Allowance								
	Income-Related Employment and Support Allowance								
	- · · · · · · · · · · · · · · · · · · ·								
_	(as assessed by HM Revenue & Customs) that does not exceed £16,190								
	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 F	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.									
law to verify assess my er uniform and a my entitlement	my initial, and ongoing, entitlen ntitlement to other assistance s	nent. I un uch as fre cessful I v should my	derstan e trave vill mak entitle	nd that the results of I to school, assistan to the Education Off ment to the above a	f any fred nce towa ice awar	e school meal rds residentia re of any chan	eligibility on the control of the co	assistance towards the cost of rcumstances which could affect	
Signature of Applicant Date									
	plete and return this form to	; The We	elfare 1	Геаm, CYPS, Jesn	nond H	ouse, 31/33 \	/ictoria Av	venue, Harrogate, HG1 5QE	
Fax: 01423 7 If you have a	7บ9บ48 any queries, please do not l	nesitate t	o cont	act the Welfare Te	eam at t	the above ad	dress or b	by telephone on	