

Application form for free school meals from families with no recourse to public funds (NRPF)

Please complete this application form if you are a family with NRPF and would like to apply for free school meals.

To complete this form, applicants should complete all sections.

When completed, please ensure the declaration at the end of the application is also signed.

Further information relating to this extension can be found in the <u>free school meals</u> guidance for schools and local authorities.

Child's details

Surname of child	
First name(s) of child	
Date of birth of child (dd/mm/yy)	
Nationality of child	
Address of child	

Parent/carer's details

Surname of parent/carer	
First name(s) of parent/carer	
Relationship to child	
Nationality of parent/carer	
Address of parent/carer	

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Please tick the immigration categor please highlight the appropriate opt	ry you are applying under. (If applying electronically, tion).
 Zambrano Article 8 of the ECHR Section 4 of the Immigrate Chen BN(O) Passport holder Spousal visa holder Work visa holder Student visa holder Other 	tion & Asylum Act 1999
If you ticked "other" in the above section, please explain further her	re:
Evidence of status provided:	
Evidence of income To be eligible for free school meals	s, your families' annual household income must be no
higher than the following:	s, your families affilial flousefiold income flust be flo
• £31,200 for families within L	of London with two or more children
•	support you may be receiving in addition to any earnings , please also provide a document to show this – this slip or an employment contract.
Are you employed?	
If you have a partner, are they employed?	
Is your annual household income, including earnings from employment and any wider support you may be receiving, less than the maximum income	

thresholds listed above?

Declaration of applicant

of (Address)			
confirm that the	he information I have provided above is accurate and true.		
J	ne information I have provided can be shared with the Department for the purposes of assessing eligibility for a free school meal.		
Parent/Carer/Guardian with legal responsibility for care of the child			
Signed			
Print name			
Date			

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