

FREE SCHOOL MEALS - REFUND CLAIM FORM: 6th April 2010
Modified 04/05/10

(EB 1441)

You may print this form and complete it manually. Or, you may save it to the hard drive on your PC and complete this form online. Place the cursor in the shaded area and start typing. Use the TAB key to move from one field to the next. Insert your responses, print the form and sign it where required.

Part One	Declaration to be completed by parent / carer											
Child's name												
Child's Address												
Parent's name												
Parent's National Insurance Number	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>											
School attended												
Period for which refund requested	From	To										
I confirm that my child paid for a school meal on each full school attendance day whilst entitled to free school meals and that it was eaten at the place of education.												
Parent signature	Date											
Please take or send this request to your child's school.												

This documentation will be treated in accordance with The Data Protection Act 1999

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Continued

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Part Two **To be completed by school secretary / administrator**

Primary school: number of meals paid for	From	To	=
Secondary school: number of meals paid for	From	To	=
Income Support	Start Date	End date	Copy of evidence retained Yes <input type="checkbox"/> No <input type="checkbox"/>
Job Seekers Allowance (IB)	Start Date	End date	Copy of evidence retained Yes <input type="checkbox"/> No <input type="checkbox"/>
Income related Employment and Support Allowance (from 27/10/08)	Start Date	End date	Copy of evidence retained Yes <input type="checkbox"/> No <input type="checkbox"/>
Child Tax Credit (CTC) <u>only</u> (no working tax credit) gross income no more than £16,190	Start Date	End date	Copy of evidence retained Yes <input type="checkbox"/> No <input type="checkbox"/>
Support under Part V1 of the Immigration and Asylum Act 1999	Start Date	End date	Copy of evidence retained Yes <input type="checkbox"/> No <input type="checkbox"/>
Guarantee element of State Pension Credit	Start Date	End date	Copy of evidence retained Yes <input type="checkbox"/> No <input type="checkbox"/>

Secretary / Admin signature	Date
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This form should be retained for audit purposes.

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