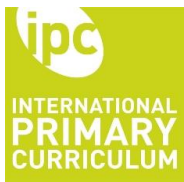




BEACONSFIELD PRIMARY SCHOOL

Beaconsfield Road, Southall, Middlesex UB1 1DR
Tel: 020 8574 3506 Fax: 020 8843 9441
Email: admin@beaconsfield.ealing.sch.uk
Headteacher: Mr. D. Woods



Please complete this form in CAPITAL LETTERS

PARENT/GUARDIAN DETAILS

Title: Mr/Mrs/Miss/Ms

Surname First Name.....

Address

Post Code Telephone Number

National Insurance Number

NASS Number Date of Birth

BENEFIT/INCOME DETAILS: WHICH OF THESE BENEFITS DO YOU RECEIVE?

Income Support Job Seekers' Allowance (income based)

Child Tax Credit with household income of less than £16,190 (and not receiving Working Tax Credit)

Guaranteed element of Pension Credit Income-related Employment and Support Allowance

Assistance from the UK Border Agency

Combination of Incapacity Benefit & Child Tax Credit with a household income of less than £16,190

BENEFIT CLAIMANT DETAILS (IF DIFFERENT FROM PARENT/GUARDIAN)

Title: Mr/Mrs/Miss/Ms

Surname First Name.....

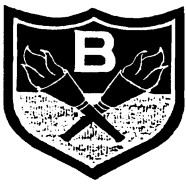
Address

Post Code Telephone Number

National Insurance Number

NASS Number Date of Birth

PLEASE TURN OVER AND COMPLETE THE OTHER PAGE



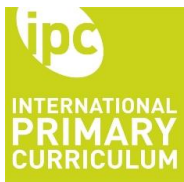
BEACONSFIELD PRIMARY SCHOOL

Beaconsfield Road, Southall, Middlesex UB1 1DR

Tel: 020 8574 3506 Fax: 020 8843 9441

Email: admin@beaconsfield.ealing.sch.uk

Headteacher: Mr. D. Woods



CHILD'S/CHILDREN'S DETAILS

Child's First Name	Child's Surname	Male/Female	Date of Birth	Which school will your child be attending in September 2012

I agree that you will use the information I have provided to process my claim for free school meals and will contact other sources as allowed by law to verify my initial, and ongoing, entitlement.

Signed Date.....