

Free School Meals Transfer Form

Important: Please fill in **all** sections carefully. This information is needed to check your continuing entitlement for Free School Meals when you move into Suffolk. Missing or incorrect information may lead to delays in processing your application or being told incorrect results.

Parent/Guardian details

	Parent/Guardian 1	Parent/Guardian 2
First name(s)		
Last name		
Date of Birth (DD/MM/YYYY)		
National Insurance Number		
National Asylum Support Service No.		
Daytime Phone No.		
Mobile Phone No.		
Address		
	Postcode:	Postcode:
Email Address		

Parental responsibility

Relationship to child(ren): _____

Do you have parental responsibility for the child(ren)? Yes ☐ No ☐

Details of all dependent children for whom you wish to claim Free School Meals

Legal Surname	First Name	Date of birth	School

Further Information

Have you recently moved into the county? If so, from which county have you moved?

.....

Yes

☐

No

☐

Has the child(ren) you are applying for received free school meals in the past? If so, approximately when?

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Yes

☐

No

☐

Declaration: I confirm that as far as I know the information I have given above is correct.

I agree that Suffolk County Council will use the information I have provided to process my claim for free school lunches and will contact other sources (Department for Education, HMRC and Department for Work and Pensions), as allowed by law to verify my initial and continuing entitlement.

☐

(please tick box)

The information may also be shared with other Council departments to offer benefits and services (eg Passenger Transport Unit to check eligibility for school transport).

☐

(please tick box)

I confirm that I have parental responsibility for the above-named child(ren).

☐

(please tick box)

Your signature: _____ **Date:** _____

If you have any questions, you can contact the free school meals team on 01473 260989 or freeschoolmeals@suffolk.gov.uk

Please email completed forms to freeschoolmeals@suffolk.gov.uk