

Application Form for Universal Infant Free School Meals and Pupil Premium



To enable the school to know whether to reserve a free meal for your child(ren) or not and for your school to receive pupil premium (if you qualify), please complete this form.

Important: All sections must be filled in clearly in BLOCK CAPITALS and if you receive benefits, must be completed by the person claiming the qualifying benefit. If you have any questions, please speak to the school or call the Helpline on 0300 123 2224.

| 1. Details about you | | | | | | | | | | | | |
|----------------------|----------------|-------|---------------|---|--|--|--|--|--|--|--|--|
| Legal Surname | Legal Forename | Title | Date of Birth | National Insurance Number or National Asylum Support Number | | | | | | | | |
| | | | | | | | | | | | | |

2. Your address:

Address: _____

Post Code _____ Relationship to child(ren): _____

Telephone Number(s): Daytime _____ Mobile _____

Child(ren)'s Address: _____ Post Code _____
(if different)

3. Details of each dependant child that you wish to claim for in Somerset (include all children):

| Legal Surname | Legal Forename | Date of Birth | Name of School Attending | Do you have Parental Responsibility? | Do you want your child to receive a free meal?* |
|---------------|----------------|---------------|--------------------------|--------------------------------------|---|
| | | | | | |
| | | | | | |
| | | | | | |

*If your child has any dietary requirements, please speak to the school about this.

Please read the privacy notice that can be found on the next page.

4. Declaration: I confirm that the information I have given above is correct and that I have read and understand the privacy notice. I will tell you immediately if my details (for example address) or my circumstances change. I understand if I qualify for pupil premium this application will be treated as an application for free school meals and my details will be logged on the free school meal system with Somerset County Council.

Your signature: _____ Date: _____

Please return this form to your school office.

Office Use Only

| Eligible? | Core Data | EMS | Letter sent |
|-----------|-----------|-----|-------------|
| Y/N | | | |

Privacy Notice:

Notification regarding the processing of personal data supplied on this form

Data Controller – Somerset County Council

Data Protection Officer contact – informationgovernance@somerset.gov.uk

Purpose for processing – The information requested will be used for processing your child(ren)'s free school meals and pupil premium claim.

Legal basis for processing – We are processing your personal data because we are required to do so by law.

By Law – Education Act 1996

Legitimate Interests – SCC will also use your data for the purposes of monitoring quality, audit and for dealing with any enquiries or complaints.

Data Sharing – the personal data provided will only be disclosed to staff in the Local Authority who have a right of access and where appropriate, any school that your child(ren) attend as well as Somerset County Councils software supplier and the Department for Education.

Transfers abroad – this data is held within the EU and is accessible by the approved application provider.

Data Retention – the personal data supplied on this form will be retained for as long as is necessary to meet our statutory requirements and legitimate interests and it will be disposed of in a manner appropriate to its sensitivity.

Your Rights – You have the right to ask Somerset County Council for a copy of your data, the right to rectify or erase your personal data, and the right to object to processing. However, these rights are only applicable if the Council has no other legal obligation concerning that data. You also have the right to complain to the regulator, <https://ico.org.uk/>

Consequences: If you do not supply this information to us, we will not be able to do process your application for free school meals and pupil premium.

For more information see www.somerset.gov.uk/privacy