



Free School Meals application for families with No Recourse to Public Funds (NRPF)

Dear parent or guardian,

Please complete this application form if you are a family with No Recourse to Public Funds (NRPF) and would like to apply for Free School Meals (FSM). Please complete all sections, sign the declaration and provide any necessary documents where instructed.

Please note that you will need to reapply every year using this form providing the requested evidence.

Child's details

Child's last name			
Child's first name(s)			
Child's date of birth (DD/MM/YY)			
Child's nationality			
Child's address			
	Postcode:		

Parent or carer's details

Parent or carer's last name								
Parent or carer's first name(s)								
Relationship to child								
Parent or carer's nationality								
Parent or carer's date of birth (DD/MM/YY)								
National Insurance or Asylum support reference number								
Parent or carer's address								
	Postcode:							

What is the immigration category you are applying under? (Please highlight or delete as appropriate):

- Zambrano
- Article 8 of the ECHR
- Section 4 of the Immigration and Asylum Act 1999
- Chen
- BN(O) Passport holder
- Spousal visa holder
- Work visa holder
- Student visa holder
- Other, please explain:

Please provide evidence of your immigration status.

Evidence of income

To be eligible for Free School Meals, your families' annual household income must be no higher than the following:

- £22,700 for families outside of London with one child
- £26,300 for families outside of London with two or more children
- £31,200 for families within London with one child
- £34,800 for families within London with two or more children

This includes any wider income or support you may be receiving in addition to any earnings from employment. Where possible, please provide a document to show this: for example, a bank statement, a payslip or an employment contract.

Are you employed? (Please delete as appropriate):

Yes/No

If you have a partner, are they employed? (Please delete as appropriate):

Yes/No

Is your annual income, including earnings from employment and any wider support you may be receiving, less than the maximum income thresholds listed above? (Please delete as appropriate):

Yes/No

Declaration

I (your name):

Of (your address):

confirm that the information I have provided above is accurate and true.

I agree that the information I have provided can be shared with the Department for Education for the purposes of assessing eligibility for Free School Meals.

Parent, carer or guardian with legal responsibility for care of the child

Signature:

Print name:

Date:

Submission

Submit your form by email to fsm@norfolk.gov.uk or post to:

Free School Meals, Norfolk County Council, County Hall, Norwich, NR1 2DH