



**Isle of Man**  
Government

*Reiltys Ellan Vannin*

**DEPARTMENT OF EDUCATION**  
**RHEYNN YNSEE**

St George's Court, Upper Church Street,  
Douglas, IM1 2SG  
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Email: [studentgrants@doe.gov.im](mailto:studentgrants@doe.gov.im)

**FOR OFFICE USE ONLY**

Ref. No.

**2009/2010 FREE SCHOOL MEALS APPLICATION FORM**

Free school meals are available **ONLY** to children who attend the Island's primary and secondary schools, or to students age 18 and under who attend the Isle of Man College on a **FULL-TIME** basis, provided that :-

(a) The Parent(s) or Guardian(s) of the pupil or student are in receipt of one of the following benefits:-

**Family Income Supplement**  
**Income Based Jobseekers Allowance**

**Income Support**  
**Disability Working Allowance**

(b) In the case of students at the Isle of Man College, the Parent(s) or Guardian(s) are **NOT** in receipt of an award from the Student Awards Section of the Department.

If you wish to make an application for free school meals, you must complete this form and return it to this office at the above address as soon as possible. Free school meals cannot be approved until the correct forms have been completed and verified by the Department of Health and Social Security.

**The free meal allowance is calculated to enable the recipient to obtain a two-course midday meal excluding drinks (water is available in all schools). A range of drinks is also available for purchase, if desired, within cash cafeterias in all secondary schools and the Isle of Man College.**

\* Please ensure that you have signed the declaration on page 2 of this application form, giving your permission for the Department of Health and Social Security to confirm your benefit details.

**SECTION 1 - APPLICANTS PERSONAL DETAILS** - Please complete the following section as fully as possible.

TITLE (MR, MRS, MISS, MS)	FULL NAME(S) OF PARENT(S) OR GUARDIAN(S)	DATE OF BIRTH	NATIONAL INSURANCE NUMBER
FULL POSTAL ADDRESS			
POST CODE			
TELEPHONE NUMBER			

**SECTION 2 - DEPENDENT CHILDREN** - Please give details of all dependent children.

FULL NAME(S) OF CHILD(REN)	DATE OF BIRTH	NAME OF SCHOOL FROM <b>8 SEPTEMBER 2009</b> (if not at school state "not applicable" or "none")

**SECTION 3 - BENEFIT DETAILS** - Please indicate which social security allowance you are receiving.

<b>NAME OF BENEFIT</b>			<b>AMOUNT (Per week)</b>
JOBSEEKERS ALLOWANCE (Income Based)	YES	NO	£
FAMILY INCOME SUPPLEMENT	YES	NO	£
DISABILITY WORKING ALLOWANCE	YES	NO	£
INCOME SUPPORT	YES	NO	£

ANY OTHER RELEVANT INFORMATION


**SECTION 4 - DECLARATION OF PARENT(S) OR GUARDIAN(S)** - Please read the following declaration carefully and then sign.

**I hereby give my permission for the Department of Education to verify with the Department of Health and Social Security that I am in receipt of Jobseekers Allowance, Family Income Supplement, Disability Working Allowance or Income Support.**

**I declare that the particulars on this form are, to the best of my knowledge and belief, correct in every aspect, and I UNDERTAKE TO NOTIFY THE DEPARTMENT IMMEDIATELY SHOULD MY CIRCUMSTANCES CHANGE OR I CEASE TO RECEIVE BENEFIT.**

**I undertake that if my award for free school meals ceases due to a change in circumstances, I shall repay to the Department any monies owing as a result of cancellation without my prior notification to the Free School Meals Officer, if and when called upon to do so.**

**SIGNED..... (Parent / Guardian)      DATE.....**

**SIGNED..... (Parent / Guardian)      DATE.....**

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**I CONFIRM THAT THE APPLICANT IS IN RECEIPT OF (please tick as appropriate) :-**

- (a) **Income Based Jobseekers Allowance**
- (b) **Family Income Supplement**
- (c) **Disability Working Allowance**
- (d) **Income Support**
- (e) **NOT in receipt of any of above benefits**

**OFFICIAL DHSS STAMP**


**SIGNED ..... DATE .....**