

**APPLICATION FOR FREE SCHOOL MEALS &
SCHOOL ESSENTIALS GRANT 2024/2025**
Formerly known as Pupil Development Grant (PDG)



To be completed by the parent/legal guardian of the child/children for whom Free School Meals are being claimed.

A – Parent / Carer details - ALL Fields MUST be Completed

Surname of Parent/ Carer..... Forename..... Title.....
 Address..... Post Code.....
 Telephone Number..... Email address

Date of Birth of Parent / Carer

National Insurance No of Parent / Carer..... or NASS No.....

B – Give Details of each child in full-time attendance at school

	Child 1	Child 2	Child 3	Child 4
Full Name:				
Date of Birth:				
Relationship to the child:				
Is the child living with you:				
Name of School: (In September 2024)				
School Year: (In September 2024)				
Do you have No Recourse to Public Funds based upon your Immigration status?				
If so, you will need to provide a copy of the front and back of your Biometric Residence Permit (BRP)				
Do you have EU Pre Settled Status but cannot claim any Benefits? (such as Universal Credit)				
If so, please read the important information for parents/carers on page 2 for the evidence you need to provide				
Is this a child Looked After by the Local Authority? If yes, please state Corporate Parent (i.e. the Local Authority)				

****A looked after child refers to a child who is looked after by a Local Authority in Wales, in accordance with section 74 of the Social Services and Well-being (Wales) Act 2014 or England in accordance with Section 22 of the Children Act 1989 at the time the application is submitted. Please note that if an allowance is received for the child, free school meals cannot be claimed.**

DECLARATION

I certify that the information given on this form is correct. **I will notify the Local Authority immediately of any change in my circumstances.** I also give consent to any investigations being made in relation to the information given. I agree to refund to the Local Authority, on demand, any payment due for school meals or School Essentials Grant received outside of entitlement, however, arising.

If any additional information needs to be obtained in support of my EU Pre Settled Status, I consent to Newport City Council contacting the Department for Working Pensions/Job Centre Plus on my behalf.

Signature:.....

Date:.....

PAYMENT NEEDS TO BE MADE BY BACS DIRECTLY INTO A BANK ACCOUNT. PLEASE PROVIDE BANK DETAILS BELOW IN ORDER FOR THIS PAYMENT TO BE MADE.

Please note that we are unable to accept Post Office accounts

PLEASE ENTER YOUR BANK DETAILS BELOW:

Is this your account YES / NO

If no please state relationship to account holder

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Signature of Account Holder	Date	Bank/Building Society Account Number								
Name of Bank/Building Society										
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Name(s) of Account Holder(s)

Branch Sort Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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I Authorise Newport City Council to make all payments to me via the BACS system

Please return this form:

By post to Newport City Council, PO Box 60, Newport, NP20 4XN or
Email: freeschoolmeals@newport.gov.uk

Alternatively, you can apply online at www.newport.gov.uk/freeschoolmeals

This document is available in Welsh / Mae'r ddogfen hon ar gael yn Gymraeg