



Free School Meals & Free School Travel Application Form 2019/2020



Please complete in BLOCK CAPITALS and in black ink.

For office use only

Free school meals and free school travel cards are available **only** to children who attend the Islands Primary and Secondary schools, or to students aged 18 and under who attend the University College IoM on a **full-time** basis, provided that:

Ref. No.

- a) The parent(s) or guardian(s) of the pupil or student are in receipt of the following benefits:
Income Based Jobseekers Allowance
Employed Person's Allowance
Income Support
- b) In the case of students at UC IoM, the parent(s) or guardian(s) are **not** in receipt of an award from the Student Awards Section of the Department of Education, Sport & Culture.
- c) The child or student travels **more than one mile** to or from the school/college they attend (**Free School Travel only**)

If you wish to apply for Free School Meals and Free School travel card, you must complete and submit this form as soon as possible, Free school meals and Free School travel card applications cannot be approved until the information you supply has been verified by the Social Security Division of the Treasury.

The free meal allowance is calculated to enable the child to obtain a 2-course midday meal excluding drinks (water is available in all schools). A range of drinks are available to purchase, if desired, within cash cafeterias in all secondary schools and in the University College IoM.

* Please ensure you have signed the declaration on the back of this application form, giving your permission for the Social Security Division of the Treasury to confirm your benefit details.

* Please note applications **will not** be processed if you reside 1 mile or less of the school your child attends. If you are unsure or you would like to check your mileage please use the approved government system <https://www.gov.im/maps/> (Free School travel only)

Application forms to be submitted by Friday 24 July to ensure meals & travel cards are in place for the first day of term.

Claimant of benefit	<input type="text"/>	<input type="text"/>
Title	<input type="text" value="Mr / Mrs / Miss / Ms"/>	<input type="text" value="Mr / Mrs / Miss / Ms"/>
Full name(s) or parent(s) or	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Full postal address	<input type="text"/> <input type="text"/> <input type="text" value="Postcode"/>	<input type="text"/> <input type="text"/> <input type="text" value="Postcode"/>
Contact telephone no	<input type="text"/>	<input type="text"/>

Dependent Children (Please give details of all dependent children)

Full name(s) of child(ren)	Date of birth	Name of school from Wednesday 4 September 2019

Free School Travel

I wish to apply for free school travel ☐

Please note applications will not be processed if you reside within 1 mile of the school your child attends. If you are unsure or you would like to check your mileage please use the approved government system <https://www.gov.im/maps/>

Benefit details (Please indicate which social security allowance you are receiving)

Name of Benefit

Jobseekers Allowance (Income Based)

Yes

☐

No

☐

Employed Person's Allowance

Yes

☐

No

☐

Income Support

Yes

☐

No

☐

Any other relevant information

Declaration of parent(s) or guardian(s).

Please read the following carefully and then sign.

I hereby give my permission for the Department of Education, Sport and Culture and IoM Transport to verify with the Social Security Division of the Treasury that I, or my partner is in receipt of Income Based Jobseeker's Allowance, Employed Person's 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 of Education, Sport and Culture and IoM Transport immediately should my circumstance change or I cease to receive benefit.

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

By signing the form, you are giving your permission for the Social Security Division of the Treasury to confirm your benefit details.

Signature
(Parent/Guardian)

Date

Signature
(Parent/Guardian)

Date

Send completed forms to:

Department of Education, Sport & Children
Hamilton House, Peel Road, Douglas, IoM, IM1 5EZ
Tel: +44 1624 685808

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I confirm the applicant is in receipt of : (please tick as appropriate)

- a) Income Based Jobseekers Allowance ☐
b) Employed Person's Allowance ☐
c) Income Support ☐

NOT IN RECEIPT of any of the above benefits

☐

Signed

Official Social Security Stamp

Date