

Free School Meals & Free School Travel Application Form



2023/2024

	prete in 220 on or ii iii iaa	Please complete in BLOCK CAPITALS and in black ink.					
Drimaryan	I meals and free school travel	cards are available only to	o children who attend the Islands	Ref. No.			
		dents aged 18 and under	who attend the University College				
IoM on a fu	ull-time basis, provided that:						
a)	The parent(s) or guardian(s)	of the pupil or student are	e in receipt of the following benefits:				
	Income Based Jobseekers Allo						
	Employed Person's Allowan Income Support	ce					
	• •	of students at UC IoM, the parent(s) or guardian(s) are not in receipt of an award from the Student					
c)	The child or student travels n	nore than one mile to or f	rom the school/college they attend (F	ree School Travel only)			
			card, you must complete and submit				
	ed by the Social Security Divis			iacion you supply mas			
		11 /1 1011					
			ain a 2-course midday meal excluding				
	n all schools). A range of drink University College IoM.	s are available to purcha	se, if desired, within cash cafeterias i	n all secondary schools			
* Please en	sure you have signed the decl	aration on the back of this	s application form, giving your permiss	sion for the Social			
Security Div	vision of the Treasury to conf	irm your benefit details.					
* Please no	te applications will not he pro	ncessed if you reside 1 mil	le or less of the school your child atten	ids If you are unsure or			
			vernment system https://www.gov.i				
travel only)							
Aliantia	farmed by a submitted by F	da 24 Juliu ta ananoma					
Аррпсацоп	Torins to be submitted by F	Thuay 21 July to ensure	meals & travel cards are in place fo	the mist day of term.			
Claimant of	f benefit						
Title	Mr / Mrs /	/ Micc / Mc	Mr / Mrs / Mis	s / Ms			
Title	Mr / Mrs /	Miss / Ms	Mr / Mrs / Miss	s / Ms			
Full name(s	s) or	/ Miss / Ms	Mr / Mrs / Miss	s / Ms			
Full name(s parent(s) o	s) or						
	s) or		Mr / Mrs / Miss	s / Ms			
Full name(s parent(s) o	r / /						
Full name(s parent(s) o Date of birt	r / /						
Full name(s parent(s) o Date of birt	r / /						
Full name(s parent(s) o Date of birt Full postal a	s) or r h h h h h	/ /		/			
Full name(s parent(s) o Date of birt	s) or r h h h h h	/ /		/			
Full name(s parent(s) o Date of birt Full postal a	ephone no	Postcode		/			
Full name(s parent(s) o Date of birt Full postal a Contact tele	ephone no Dependent	Postcode Children (Please give de	etails of all dependent children)	/ Postcode			
Full name(s parent(s) o Date of birt Full postal a Contact tele	ephone no	Postcode		/ Postcode			
Full name(s parent(s) o Date of birt Full postal a	ephone no Dependent	Postcode Children (Please give de	etails of all dependent children)	/ Postcode			
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Full name(s parent(s) o Date of birt Full postal a Contact tele	ephone no Dependent	Postcode Children (Please give de	etails of all dependent children)	/ Postcode			

		Free School	Travel		
I wish to apply for fr	ee school travel				
. ны се арру ю					
	ns will not be processed if you ease use the approved govern		•	f you are unsure or you	ı would like to
	Benefit details (Please	indicate which social	security allowance yo	u are receiving)	
Name of Benefit					
Jobseekers Allowan	ice (Income Based)	Yes	No		
Employed Person's	Allowance	Yes	No		
Income Support		Yes	No		
Any other relevant	information				
	D	eclaration of parent(s	s) or guardian(s).		
Department of Educat I undertake that if my of Education, Sport an	iculars on this form are, to the ion, Sport and Culture and lof award for free school meals a d Culture and IoM Transport a Fravel Officer, if and when call	M Transport immediately s and free school travel ceas any monies owing as a resu	hould my circumstance charses due to a change in circur	nge or I cease to receive nstances, I shall repay 1	benefit.
	ou are giving your permission	·	vision of the Treasury to con	firm your benefit detail	s.
Signature (Parent/Guardian)			Date	/	/
(Parent/Guardian)			<u> </u>		
Signature (Parent/Guardian)			Date	/	/
Send completed form	s to:				
Department of Educat Thie Slieau Whallian, F Tel: +44 1624 685808	oxdale Road, St Johns, IM4 3	AS			
GDPR Information					
Legal basis Shared with Retention period Privacy notice	The data subject has given or Relevant school and DESC or Admission + 1 year https://www.gov.im/about	corporate services.	of his or her personal data fo	·	