

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

Name of Benefit

Amount (per week)

Jobseekers Allowance (Income Based)

Yes

No

£

Employed Person's Allowance

Yes

No

£

Income Support

Yes

No

£

Any other relevant information

4. 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 to verify with the Social Security Division of the Treasury that I am in receipt of Income Based Jobseekers 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 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.

Signature

(Parent/Guardian)

Date

Signature

(Parent/Guardian)

Date

Send completed form to:

Department of Education, Sport and Children
Hamilton House, Peel Road, Douglas, Isle of Man, IM1 5EZ
Tel: +44 1624 685808/693838

For office use only

I confirm that 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