ISLINGTON YEAR 12 BURSARY FORM





Please complete all sections and return to: freeschoolmeal@islington.gov.uk

Please contact the Free School Meals team if you have any queries when completing this form: freeschoolmeal@islington.gov.uk

Surname	First Name	Date of Birth	Postcode	Address			
PARENT/GUARDI	AN DETAILS						
Parent/guardian's s	urname/family name						
Parent/guardian's fi	rst name						
Parent/guardian's d	ate of birth						
Parent/guardian's N	lational Insurance No.						
Daytime telephone	number	·	·				
Parent/guardian's current address		POSTCODE					
Please provide you if you have moved i							
SPOUSE/PARTNE	R DETAILS						
Spouse/partner's su	ırname (if applicable)						
Spouse/partner's fir	st name (if applicable)						
Spouse/partner's da	ate of birth						
Spouse/partner's N	ational Insurance No.						
BENEFITS							
Please (X) if you a	re in receipt of working tax	credit 🗆					
Please (X) The typ	e of benefit you receive, if	any:					
☐ Income Support	☐ Income-based Jobseeke	r's Allowance ☐ Inco	me-based En	nployment Support Alle	owance		
☐ Support under Pa	rt VI of the Immigration and	Asylum Act 1999	Guaranteed 6	element of State Pensic	on Credi		
□Child Tax Credit a	nd joint annual gross incom	e of no more than £16	,190				
	ur household income must be le	ess than £7.400 a vear (a	fter tax and not	including any benefits yo	ou get)		
	it run-on - paid for 4 weeks				•		

The information I have given on this form is complete and accurate. Any personal information you give us is held securely and will be used only for council purposes. Information you provide us will be held in confidence and processed in-line with the Data Protection Act 2018. For more information about how we use your data, please visit: https://www.islington.gov.uk/aboutthe-council/information-governance/data-protection/privacy-notice

Signature of parent/guardian:	Date:	