



**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**