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**Application for Free School Meal Eligibility Check**

**ABOUT YOUR CHILD/CHILDREN –** PLEASE USE BLOCK CAPITALS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child’s Last Name** | **Child’s First Name** | **Child’s Date of Birth** | | |
|  |  | D D | M M | Y Y Y Y |
|  |  | D D | M M | Y Y Y Y |
|  |  | D D | M M | Y Y Y Y |
|  |  | D D | M M | Y Y Y Y |

**PARENT/GUARDIAN DETAILS -** PLEASE USE BLOCK CAPITALS

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Parent 1** | | | | | | | | | | | | | | | | | | | **Parent 2** | | | | | | | | | | | | | | | | | | |
| **Last Name** |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **First Name** |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Date of Birth** | D D | | | | | | M M | | | | | | | Y Y Y Y | | | | | | D D | | | | | | M M | | | | | | | Y Y Y Y | | | | | |
| **National Insurance Number** |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |
| **National Asylum Support Service (NASS) Number\*** |  |  | | **/** | |  | |  | | **/** |  | |  | |  | |  | |  |  |  | | **/** | |  | |  | | **/** |  | |  | |  | |  | |  |
| **Daytime Telephone Number** |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Mobile Number** |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Address** | Postcode: | | | | | | | | | | | | | | | | | | | Postcode: | | | | | | | | | | | | | | | | | | |

**DECLARATION**

The information I have given on this form is complete and accurate. I understand that my personal information is held securely and will be used only for local authority purposes. I agree to the academy using this information to process my application for free school meals with Southend Borough Council every six months. I also agree to notify the academy in writing of any change in my family’s financial circumstances as set out in this form. All personal details will be processed in accordance with the Data Protection Act 1998.

**­IMPORTANT – THE ACADEMY MUST BE INFORMED WHEN BENEFIT CEASES. IF YOUR CHILD HAS FREE SCHOOL MEALS AND YOU ARE NOT ENTITLED YOU WILL BE REQUIRED TO REPAY THE MONEY FOR MEALS TAKEN.**

Signed: …………………………………………………………………………….. (Parent) Date: ……………………………………………