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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 local authority using this information to process my application for free school meals. I also agree to notify the local authority in writing of any change in my family’s financial circumstances as set out in this form.

**­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: ……………………………………………

**HOW THE INFORMATION IN THIS FORM WILL BE USED**

The information you provide in this form will be used by the council to confirm receipt of one of the listed welfare benefits. Once this is confirmed, this helps to decide how much money your child’s school will receive each year.

The information will also be used in relation to pupils in year 3 or above to decide whether they are eligible for free school meals.

You only need to complete this form once and it will last for the duration of your child’s time at their current school. You should contact the school or local authority if you have a change in financial circumstances.

We are committed to ensuring that the personal and sensitive information that we hold about you is protected and kept safe and secure, and we have measures in place to prevent the loss, misuse or alteration of your personal information. We will use the information you provide to assess entitlement to free school meals. The information may also be shared with other Council departments to offer benefits and services.