

Dependent children requiring a check

Surname	Forename	Date of Birth
		___ / ___ / _____
		___ / ___ / _____
		___ / ___ / _____
		___ / ___ / _____

Declaration

I CERTIFY THE INFORMATION GIVEN IS TO THE BEST OF MY KNOWLEDGE IS COMPLETE AND ACCURATE.

I confirm I will inform the school immediately of any change in my circumstances.

I agree that you will use the information I have provided to process my claim for free school meals and will contact other sources as allowed by the law to verify my entitlement.

I understand the results of any free school meal eligibility check may also be used to assess my entitlement to claim other benefits related to my child's education, e.g. school travel.

Signature of applicant:

Date: ___ / ___ / _____

We are committed to ensuring 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.

Office Use Only

Eligibility code:	
Date completed:	