Free School Meals Application Form

Parent Details:

Title: _____ First Name: _____ Last Name: _____

Relationship to the Child: _____

Date of Birth: ____/_____/_____Phone Number: _____

E-mail Address: _____

National Insurance Number or National Asylum Seekers Number:

_____

Home Address:

House Number/Name: _____ Street Name: _____

Town/City: _____ Postcode: _____

Child Details:

First Name: _____ Last Name: _____

Date of Birth: ____/_____/_____ Gender at birth: M/F

- I confirm I have parental responsibility for the child
- I confirm that the information I have given is, to the best of my knowledge, correct and accurate
- I agree that DCS will use the information provided to process my claim for Free School Meals and will contact other sources as allowed by law to verify my initial, and ongoing, entitlement.
- I agree that the information may be used to ensure accuracy of records across the local authority and the check against fraud.
- I agree that Derby Cathedral School will be informed of my child's initial and ongoing entitlement to
- free school meals by the Free School Meals Checking Service.

Signed: _____ Date: _____

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