

Personal details of benefit claimant:

1. Last name

2. First name(s)

3. Date of birth

4. National Insurance No.

5. Relationship to pupil

6. Address

Postcode

7. Telephone Number(s)

8. Email Address

Please list below the names of each child you are claiming for:

Last name	First name	Date of birth	School

Declaration: I understand that the information I give on this form will be used by Local Authorities for the prevention and detection of fraud and that if I knowingly or negligently provide false information, entitlement to Free School Meals may be lost and I may face prosecution. The information I have given on this form is complete and accurate to the best of my knowledge and belief. I will contact the Local Authority if my circumstances change in any way that may affect my entitlement to Free School Meals for the child(ren) I have named.

Agreement: I agree to the Free School Meals Officers using the Free School Meals Eligibility Checking Service to confirm my eligibility for Free School Meals for this application and for checking my continued eligibility and share this information with other Council departments.

Signature of claimant.....Date.....

For Office Use only:

Checking Service Found: Yes / No Paper Proof Yes / No
 Date: _____ Officers Sig: _____
 School Rang: Yes / No Start Date: _____