

APPLICATION FOR FREE SCHOOL MEALS



MAIDEN ERLEGH
TRUST

(PLEASE COMPLETE IF YOU BELIEVE YOUR CHILD IS ENTITLED TO RECEIVE FREE SCHOOL MEALS)

Sections 1 to 3 of this form must be completed in full to process your application.

Part 1: Details of Parent / Guardian			
Surname:			
Other Names:			
Date of Birth (Parent):			
Relationship to Child(ren):			
National Insurance Number or National Asylum Service No. (NASS):			
Part 2: Details of each dependent child who needs free school meals			
Surname	Other names	Date of Birth	School attended at present
Part 3: Declaration by applicant			
<p>I CERTIFY THAT THE INFORMATION GIVEN IS TO THE BEST OF MY KNOWLEDGE AND BELIEF CORRECT.</p> <p>I confirm that 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 initial, and ongoing, entitlement.</p> <p>I understand that 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.</p> <p>Signature of Applicant: _____ Date: _____</p>			