**Entitlement to Free School Meals Check**

**Person requesting the check**

Name…………………………………………………………………………………………………………………………….

Address…………………………………………………………………………………………………………………………

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………………………………………………………………………………………………………………………………………………

Telephonenumber…………………………………………………………………………………………………………………l

Email Address………………………………………………………………………………………………………………………

National insurance number…………………………………………………………………………………………………

**Children’s details**

Child 1

Legal name as on birth certificate…………………………………………………………………………………………

Male/Female………………………………………Date of Birth………………………………………………………

Year in School………………………………………………………………………………………………………………………

**Children’s details**

Child 2

Legal name as on birth certificate…………………………………………………………………………………………

Male/Female…………………………………Date of Birth

Year in School………………………………………………………………………………………………………………………

**Children’s details**

Child 3

Legal name as on birth certificate…………………………………………………………………………………………

Male/Female………………………………Date of birth…………………………………………………………..

Year in School………………………………………………………………………………………………………………………