



Free School Meal Application

Consent Form

Applicant's Details (parent/carer's details)

Title: _____

First Name: _____

Last Name: _____

National Insurance Number: _____

or National Asylum Support Service Reference Number: _____

Date of Birth: _____

Relationship to the Child: _____

Email: _____

Phone Number: _____

Children's Details

First Name: _____

Last Name: _____

Date of Birth: _____ Gender: _____

First Name: _____

Last Name: _____

Date of Birth: _____ Gender: _____

First Name: _____

Last Name: _____

Date of Birth: _____ Gender: _____

Consent

I confirm that I have parental responsibility for the child / children detailed above.

I give consent for the school to carry out an application for Free School Meal Eligibility on my behalf.

Signature: _____ Date: _____