Dear Parent/Guardian,

We are asking parents/carers whose children attend a Southwark school to complete this form if you believe you have a statutory entitlement to Free School Meals.

Please return your application directly to your child's school which will then be processed in confidence by the local authority.

You can also check your children's entitlement to free school meals and apply online.

Your details

Enter the details of the parent or guardian who is applying for free school meals.

First name

Last name

Date of birth (DD/MM/YYYY)

National Insurance number (if you have one)

or

Asylum support reference number
(previously NASS reference number)

Contact phone number (this can be a mobile number)

0										

Contact email

We'll use your email address to confirm your application or for more information.

	@	

Children and school details

Include all children that will be attending this school. Print extra sheets if you need them.

Child 1								
First name								
Last name								
Date of birth (DD/MM/YYYY)								
Include details of child's previous school (optional)								
School name								
School postcode								

Child 2								
First name								
Last name								
Date of birth (DD/MM/YYYY)								
Include details of child's previous school (optional)								
School name								
School postcode								

Child 3								
First name								
Last name								
Date of birth (DD/MM/YYYY)								
Include details of child's previous school (optional)								
School name								
School postcode								

Additional children

Print extra sheets if you need them.

Child								
First name								
Last name								
Date of birth (DD/MM/YYYY)								
Include details of child's previous school (optional)								
School name								
School postcode								

Child								
First name								
Last name								
Date of birth (DD/MM/YYYY)								
Include details of child's previous school (optional)								
School name								
School postcode								

Child								
First name								
Last name								
Date of birth (DD/MM/YYYY)								
Include details of child's previous school (optional)								
School name								
School postcode								

Declaration

By signing below, I confirm that:

I allow the use of the data in this form for the purpose of checking whether my children are entitled to free school meals.

I allow the sharing of the above data with the schools my children attend and its local authority, for the purpose of providing free school meals if entitlement is confirmed. This includes re-applying for free school meals in future.

Signature

Date (DD/MM/YYYY)

Important

Once completed, please give this form back to your children's school.