

**Application for a Free School Meal eligibility check**

**Part one – details of parent/carer – Please use CAPITALS**

Name of person receiving the benefit (must be parent or carer)	
Relationship to the child	
Date of Birth of parent/carer	
National Insurance number, or National Asylum Seeker Number	

**Part two – details of children at this school**

Name of child at this school	
Name of child at this school	
Name of child at this school	

Please confirm that you agree that we can use the information that you provide to process your claim for free school meals with Southend Borough Council.

The information you supply will be retained as a record. By making this application you consent for us to use the information in this way. You may withdraw your consent at any time by contacting us on 01702 527486 on in writing to us. All personal details will be processed in accordance with the Data Protection Act 1998.

Signed..... date.....