

Universal Infant Free School Meals

From September 2014 all children in Reception, Year 1 or Year 2 will be offered a free healthy school lunch. To help us plan for this, please answer the following questions. If you require any assistance completing this form, please ask at your child's school or call Pupil Benefits on 020 8379 5367.

Please complete all sections in BLOCK CAPITALS.

Information about your child – Please complete one form for each child.

Child Details:

Child's Surname	Child's First Name	Date of Birth (DD/MM/YYYY)	Name of School (From September 2014)	Year Group
Does your child currently have a school lunch?				
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
From September, will your child require a school lunch?				
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will your child require a menu to meet special dietary needs?				
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes', please provide a brief description, for example, gluten free.....				

Information about you – The following information will be used by the Council to check for eligibility to claim additional grant money (the 'Pupil Premium') from central government. It will be used for no other purpose and will remain confidential to the Council. There may also be other benefits for your child offered by your school, please ask your child's school.

Parent(s)/Guardian(s) Details: If two people are maintaining a household as husband and wife, whether married or not, details are required from **BOTH** people.

Title	Parent/Guardian Surname	Parent/Guardian First Name	Date of Birth (DD/MM/YYYY)	National Insurance Number or NASS Reference Number.																

Address:

Postcode:

Telephone No.

Email:

Please state your relationship to the child named above, for example Mother/Father/Carer etc.

Do you currently receive a free school meal for your child named above or for any other children already attending school?

Yes

No

Declaration to be signed by both Parent(s)/Guardian(s) (as applicable)

I/We confirm that the information given in this form is complete and accurate. I/We give the Pupil Benefits team permission to verify my/our registration for free school meals through the Department of Education's Eligibility Checking Service. I/We agree to inform the Pupil Benefits team of any change to my/our circumstances, for example a change of address, or if my/our child/children change school.

Signed:

Signed:

Date:

FOR OFFICE USE ONLY

ECS Y / N

FSM Start Date:

Initials:

L/S Date: