



FSM ENTITLEMENT VERIFICATION CHECK

..... School/Academy

Name of Pupil(s):

Year Group

.....
.....
.....

Surname of Parent/Carer:.....

**National Insurance No.
of Parent/Carer**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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or

Asylum Seeker's Reference No:.....

Date of Birth of Parent/Carer:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
YEAR					MONTH			DAY	

School/Academy Contact: **Date:**.....

I hereby give consent to a check for Free School Meals eligibility, via Durham County Council and the Department for Education's online service.

(Communication with Durham County Council may be subject to monitoring and recording.)

Parent's/Carer's Signature:..... **Date:**

For School/Academy Use Only		
Approved / Not Approved	Date:	Academic Year
Approved / Not Approved	Date:	Academic Year
Approved / Not Approved	Date:	Academic Year
Approved / Not Approved	Date:	Academic Year
Approved / Not Approved	Date:	Academic Year