

Free school meal entitlement checker

What to do

To see if your children can get free school meals (FSM), please fill in all sections of this form and return it to their school.

If there is any information you cannot find, or you are having problems understanding, contact the schools for help.

Important

If you have multiple children attending different schools, you will need to complete a separate form for each school.

Please download and print separate copies to complete or contact each school.

Online option

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

Just scan the QR code with your phone or visit www.co.uk





Your details

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

First	nam	е									
]
Last	nam	е									
Date	of b	irth (DD/N	1M/Y	YYY)					
Natio	onal I	nsur	ance	num	ber ((if yo	u hav	e one))		
or											
Asvl	um s	oaau	rt ref	feren	ce n	umb	er				
-	iously										
	l		l			l	<u> </u>				
Con	tact p	hone	e nur	nber	(this	can	be a	mobil	e numb	per)	
0										Ţ [*]	
							<u> </u>				
Con	tact e	email									
We'll	use y	our ei	mail a	ddres	s to c	confirm	n you	r applic	cation or	for more inform	ation.
											1
									@		



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 c	hild's բ	orevio	us scho	ool (op	tional)			
School name								
School postcode								
Child 2								
First name								
Last name								
Date of birth (DD/MM/YYYY)								
Include details of c	hild's ¡	orevio	us scho	ool (op	tional)			
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 cl	hild's p	oreviou	ıs scho	ool (op	tional)			
School name								
School postcode								
Child								
First name								
Last name								
Date of birth (DD/MM/YYYY)								
Include details of cl	hild's p	previou	ıs scho	ool (op	tional)			
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.

Sign	ature)			
Date					

Important

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