

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.



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 (l	DD/N	1M/Y	YYY)		_				
					I	I		1				
Natio	onal I	nsur	ance	num	ber	(if yo	u hav	e on	ıe)			
			ı	ı	ı	ı						
or												
Asyl	um s	uppo	rt ref	feren	ce n	umbe	er					
-	iously											
	I											
Con	tact p	hone	e nur	nber	(this	can	be a	mob	ile	numk	oer)	
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Con	tact e	email										
			mail a	ddres	s to c	onfirr	n you	r appl	licat	ion or	for more infor	mation.
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										@		



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		<u> </u>					
Date of birth (DD/MM/YYYY)							
Include details of c	hild's բ	oreviou	ıs scho	ool (op	tional)		
School name							
School postcode							
Child 2							
First name							
Last name							
Date of birth (DD/MM/YYYY)							
Include details of c	ا hild's	oreviou	ıs sch	ool (op	tional)		
School name							
School postcode							
Child 3							
First name							
Last name							
Date of birth (DD/MM/YYYY)							
Include details of c	hild's լ	previou	ıs sch	ool (op	tional)		
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 c	hild's p	oreviou	us scho	ool (op	tional)		
School name							
School postcode						 	
Child							
First name						 	
Last name						 	
Date of birth (DD/MM/YYYY)			1				
Include details of cl	hild's p	previou	us sch	ool (op	tional)		
School name							
School postcode							
Child							
First name						 	
Last name						 	
Date of birth (DD/MM/YYYY)							
Include details of c	hild's p	oreviou	us sch	ool (op	tional)		
School name						 	
School postcode							





Declaration

Ву	signin	g below,	I confirm	that
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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	(DD	/MM	/YY	′ Y)				

Important

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