



### 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"/>	<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"/>
<b>YEAR</b>					<b>MONTH</b>			<b>DAY</b>	

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 .....