Authorisation for The Willows Primary School to check for Free School Meal eligibility.

Please complete all sections in BLOCK CAPITALS

|  |  |  |
| --- | --- | --- |
| Child’s name | Date of birth | Male/Female |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Please complete this section for those who live with the child and have parental responsibility (e.g. Mum and Dad)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title | First Name | Surname | Date of Birth | National Insurance Number | NASS Reference Number (if applicable) |
|  |  |  |  |  |  |
| Address including postcode | |  | | | |
| Contact details: | | Email |  | | |
|  | | Telephone |  | | |
| Relationship to child (parent/step parent/Legal guardian | | |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title | First Name | Surname | Date of Birth | National Insurance Number | NASS Reference Number (if applicable) |
|  |  |  |  |  |  |
| Address including postcode | |  | | | |
| Contact details: | | Email |  | | |
|  | | Telephone |  | | |
| Relationship to child (parent/step parent/Legal guardian | | |  | | |

**Declaration and signature of applicant**

All information provided will be treated in confidence, in accordance with the GDPR regulations and used for the purposes of fulfilling the school’s statutory duty and operational needs in relation to Free School Meals and Pupil Premium funding. Information will be shared with the Department for Education to facilitate the administration of Free School Meals, Pupil Premium and Early Years Pupil Premium. If you object to your information being shared in this way please inform Mrs Jones, School Business Manager (hjones@willowsprimary.com)

I declare that the information I have provided is true and I will inform the school if my circumstances change, including my address.

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**