

**Free School Meals Claim Form**

**Parent/Guardian Details – please make sure ALL details below are filled in**

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| **Name:** | **National Insurance Number:** |
| **Address:** | **Telephone number:** |
| **Post Code:** | **Email address:** |
| **Relationship to Children:** | **Date of Birth:** |

Please tick this box if you agree to St Basil’s Catholic Primary School using the above information to check your eligibility online □

**Children – Give Name of each dependant child attending school**

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| **Name** | **D.O.B** | **Gender (M/F)** |
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**Section 3 – Declaration by Parent/Carer**

I certify that the above information is correct to the best of my knowledge and belief. I understand that Halton Borough Council may verify information given with Government Departments. I also understand that the Eligibility Checking System will periodically check my eligibility and I will be notified if there are any changes.

**Signature: Date:**