

# Free school meals application

Please complete all sections of this form and return it to fsm@	)shro	pshire.g	γον.uk.
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ls your child/chil authority area w	· ·	shire school from a school in a different local
Yes	No	
If yes, were they	/ receiving benefit relate	d free school meals at their previous school?
Yes	No	
Parent/carer	details	

Title

Forename Surname

Date of birth

National Insurance Number

National Asylum Support Service (NASS) Number if applicable

Telephone number

**Email address** 

Address

Postcode

## About your child/children

Child's forename	Child's surname	M/F	Date of birth	Name of school

#### **Declaration**

You are confirming that the details you are providing are yours and that the information is true and correct. Providing false information may lead to legal proceedings. You agree to notify the local authority of any change in your family's circumstances, including change of home address.

Applications for Free School Meals can be made by a child's 'parent' as defined by section 576 of the Education Act 1996.

### How the information in this form will be used

The information you are providing on this form will be used by Shropshire Council to assess entitlement to free school meals. Shropshire Council will share information with other agencies and schools to verify entitlement. The information collected on this form will be held on file for 6 years.

For further details as to how the Council uses your information please see our full privacy notice, which can be found on our website: <a href="https://www.shropshire.gov.uk/privacy/privacy-notices/">https://www.shropshire.gov.uk/privacy/privacy-notices/</a>

Name/signature of parent/carer:	Date:	
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Please email the completed application to <a href="mailto:fsm@shropshire.gov.uk">fsm@shropshire.gov.uk</a>. Telephone 0345 678 9008