For School Use Only: - Date uploaded

Please return this form to direct to your school

Please list ALL children in your household who attend a Stoke-on-Trent school

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| OnFSM | Child's FirstName | Child'sSurname | Date of Birth | Name of School | YearGroup ofChild |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Home address of child/children named above

|  |  |  |
| --- | --- | --- |
|  |  | Contact Phone Number |
| Postcode |  |  |

Applicant's Details - Please write clearly and note that any incorrect or missing details WILL\*delay this (orm being processed

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant's National Insurance Number |  |  |  |  |  |  |  |  |  |  |
| Applicant's NASS Reference Number (If applicable) |  |  |  |  |  |  |  |  |  |  |
| What is your relationship to the child / children (Please Circle) | Mother | Father |  | Guardian | Foster Carer |
| Applicant's Title (Please Circle) |  | Mrs |  | Miss | Ms. |
| Applicant's First Name (Please use BLOCK LETTERS |  |  |  |  |
| Applicant's Surname (Please use BLOCK LETTERS |  |  |  |  |
| Applicant's Date of Birth | DAY |  |  | MONTH |  | YEAR |
|  |  |  |  |  |  |  |  |  |  |
| Applicant's Address - if different than that of the child / children named above |  |  |  |  |

Declaration and Signature of Applicant

At Stoke-on-Trent City Council we take your privacy seriously and will only use your personal information for the purposes of fulfilling the School's and Local Authority's statutory & Operational needs in relation to Free School Meals, Education Benefits, Pupil Premium and Early Years Pupil Premium and for purposes required or allowed by law. Information will also be shared with the Department for Education to facilitate the administration of Free School meals, Pupil Premium and Early Years Pupil premium.

You can find information about how we handle your personal information by visiting stoke.gov.uk/dataprotection. You should be aware that we have a duty to protect public funds. We may therefore use the information you provide for the prevention and detection of fraud. We may share this information with other bodies for these purposes. We may also share this information with other departments of the council or other relevant organisations for purposes which may include enforcement.

I declare that all the information I have provided is true. I will inform the school and the Free School Meals Service (Tel 01782 236813) if my circumstances change (including my address). Applications will not be processed without a signature

Signature: Date

Further information regarding free school meals can be found on the City Council's website: [www.stoke.gov.uk](http://www.stoke.gov.uk)

For School Use Only: - if no date is entered below, the claim will start on the day the form is received by the FSM Service and may not be backdated:

Start date Requested School Name

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| •Is the child/children new to your school? |  | YES | NO | (Please circle) |  |
| If Yes - has the child transferred to your school from another school?If yes, which school? |  | YES | NO | (Please circle) |  |
| Were they previously in receipt of FSM at the previous school?If YES, please enter FSM dates sent through on the CTF file below:FSM Start date FSM end date |  | YES | NO | (Please circle) | For Free School MealService use only:DID Date |