**Additional School Funding and Free School Meal Eligibility Check**

Schools may be eligible for additional funding based on parental circumstances and these may change from time to time. Any information provided will be treated in the strictest confidence, will be stored securely and subsequently disposed of as confidential waste.

To be completed by Parent/Carer:

**Parent's Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Title | Forename | Surname | Date of Birth |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| National Insurance Number | **OR** | National Asylum Support Service Number |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Relationship to Child | Email | Phone |
|  |  |  |

|  |
| --- |
| Address |
|  |

**Child(ren)'s Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Legal Forename | Legal Surname | Gender | Date of Birth |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Parent Statement**

By signing this form, I agree that you will use the information I have provided to verify my initial and ongoing entitlement to any additional school funding or free school meals and that CCHS may contact other sources as allowed by law to confirm this.

I agree that the information may be used to ensure accuracy of records across the school.

I confirm that I have parental responsibility for the child(ren).

|  |  |
| --- | --- |
| Signature of Parent/Carer: | Date: |