

FSM ENTITLEMENT VERIFICATION CHECK

Belmont Community School

Name of Pupil(s):

Year Group

Surname of Parent/Carer:.....

**National Insurance No.
of Parent/Carer**

--	--	--	--	--	--	--	--	--

or

Asylum Seeker's Reference No:.....

Date of Birth of Parent/Carer:

--	--	--	--	--	--	--	--

YEAR MONTH DAY

School Contact: Mr S Henderson..... **Date:**.....

I hereby give consent to a check for Free School Meals eligibility, via Durham County Council and the Department for Education's online service.

(Communication with Durham County Council may be subject to monitoring and recording.)

Parent's/Carer's Signature:..... **Date:**

For School/Academy Use Only

Approved / Not Approved Date: Academic Year

Approved / Not Approved Date: Academic Year

Approved / Not Approved Date: Academic Year

Approved / Not Approved Date: Academic Year

Approved / Not Approved Date: Academic Year