

**FREE SCHOOL MEAL CHECKER AUTHORISATION SLIP**

**CHILD'S DETAILS**

CHILD'S FULL NAME: \_\_\_\_\_

ANY OTHER NAME(S) YOUR CHILD MAY BE KNOWN BY: \_\_\_\_\_

CHILD'S DATE OF BIRTH: \_\_\_\_\_

**PARENT/GUARDIAN DETAILS:**

MR / MRS / MISS / DR / MX / OTHER \_\_\_\_\_

FIRST NAME \_\_\_\_\_

SURNAME \_\_\_\_\_

PARENT/GUARDIAN DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

PARENT/GUARDIAN NI NUMBER: \_\_\_\_\_ (PLEASE NOTE THAT THIS MUST BE THE NATIONAL INSURANCE NUMBER FOR THE PERSON WHO IS THE MAIN CLAIMANT).

HOME ADDRESS:

\_\_\_\_\_  
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**SIGNATURE**

PARENT/CARER (CLAIMANT OF BENEFIT) SIGNATURE:

\_\_\_\_\_

PLEASE PRINT YOUR NAME IN CAPITALS:

\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_