**Free School Meals Eligibility Application Request Form**

I confirm that Soar Valley College can make an application for free school meals on my behalf.

Parent/Carer Name:

Parent/Carer Date of Birth:

Parent/Carer National Insurance Number

OR

Parent/Carer National Asylum Seeker’s Number

Please fill in your child/ren’s details below:

|  |  |
| --- | --- |
| **Child’s Name** | **Tutor Group** |
|  |  |
|  |  |
|  |  |
|  |  |

Signed (Parent/Carer):

Date:

The checking service is secure and we will only use the information you have provided to check free school meals eligibility. We are committed to ensuring the personal and sensitive data we hold about you is protected.