**FREE SCHOOL MEALS ELIGIBILITY DETAILS AND CONSENT FORM**

PLEASE COMPLETE THE BOXES BELOW IF YOU WISH QUEENSBRIDGE TO COMPLETE THE FREE SCHOOL ELIGIBILITY CHECKING FORM ON YOUR BEHALF.

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| **DETAILS OF PARENT/CARER WITH PARENTAL RESPONSIBILITY** | |
| TITLE MR/MRS/MISS/MS |  |
| FIRST NAME |  |
| SURNAME |  |
| YOUR DATE OF BIRTH |  |
| NATIONAL INSURANCE NUMBER or  ASYLUM SEEKERS ID NUMBER |  |
| RELATIONSHIP TO CHILD |  |
| EMAIL ADDRESS |  |
| ADDRESS INCLUDING POSTCODE |  |

|  |  |
| --- | --- |
| **DETAILS OF YOUR CHILD** | |
| FIRST NAME |  |
| LAST NAME |  |
| CHILD’S DATE OF BIRTH |  |
| GENDER | MALE/FEMALE |
| SCHOOL | QUEENSBRIDGE |
| I CONFIRM THAT I HAVE PARENTAL RESPONSIBILITY FOR THIS CHILD AND THAT THE CHILD LIVES WITH ME. | YES |

I CONSENT TO QUEENSBRIDGE SCHOOL USING THE ABOVE DETAILS TO COMPLETE THE LINK2ICT ONLINE FREE SCHOOL MEALS ELIGIBILITY FORM ON MY BEHALF

SIGNATURE OF PARENT/CARER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_