**FSM ENTITLEMENT VERIFICATION CHECK**

............................................................................... **School/Academy**

**Name of Pupil(s):** **Year Group**

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Surname of Parent/Carer .........................................................................

National Insurance No Of Parent/Carer .............................................................................

**Or**

Asylum Seeker’s Reference No ...............................................................

Date of Birth of Parent/Carer / / 19

School Academy Contact ..................................... Date .........................

I hereby give consent to check for Free School Meal 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/Carer ........................................................... Date ...................

For School/Academy Use Only

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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 ..........