

Dear Parent of:

Although you may not currently think you are eligible for free school meals and additional pupil premium funding, could I please ask that you complete the form below so that we can submit your information in case your circumstances should ever change in the future.

I would be grateful if you could return this form to me tomorrow morning.

Thank you for your co-operation.

Mrs Forster

Parent/Carer Details

	Parent/Carer Firth name	Parent/Carer Surname	Parent/Carer Date of Birth			Parent/Carer National Insurance Number								
			01	01	81	A	B	I	2	3	4	5	6	7
eg	John	Smith	01	01	81	A	B	I	2	3	4	5	6	7
1														
2														

Please write your details as clearly as possible.

Child Details

	Child's First name	Child's Surname	Child's Date of Birth		
eg	Jack	Smith	09	09	2009

Please enter the names of all your children who attend Alford Primary School

Declaration

The information I have given on this form is complete and accurate. I understand that any personal information I provide on this form will be held securely on Lincolnshire County Council systems and used only for the purpose of checking free school meal eligibility. I consent to this information being used to undertake an eligibility check for free school meals which also determines eligibility for Pupil Premium. I understand that my information will be retained so that periodic checks can be undertaken.			
Parent/Carer 1 Signature		Date	
Parent/Carer 2 Signature		Date	