



### FSM ENTITLEMENT VERIFICATION CHECK

#### Sedgefield Hardwick Primary School

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:

/   /    
**YEAR** **MONTH** **DAY**

School/Academy Contact: ..... Date:.....

I hereby give consent to a check for Free School Meals 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's/Carer's Signature:..... Date: .....

For School/Academy Use Only	
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 .....