

## **FSM ENTITLEMENT VERIFICATION CHECK**

## **Consett Junior School**

Name of Pupil(s)			Year Group
	•••••••••••••••••••••••••••••••••••••••		
	······································		
	•••••••••••••••••••••••••••••••••••••••		
Surname of Parent/Carer:			
National Insurance No. Of Parent/Carer or			_
Asylum Seeker's Reference	e No	••••••	••••••
Date of Birth of Parent/Ca		/ /_ MONTH D	
School Contact: Mrs S A Fe	eatherstone	Date:	
I hereby give consent to a c	heck for Free Scho	ol Meals eligibili	ty, via Durham
County Council and the Dep	partment for Educa	tion's online ser	vice.
Communication with Durha	m County Council	may be subject	to monitoring
and recording).			
Parent's/Carer's Signature			Date
For School Use Only			
Approved/Not Approved	Date	Academic Yea	ır
Approved/Not Approved	Date	Academic Yea	ır
Approved/Not Approved	Date	Academic Yea	ır
Approved/Not Approved	Date	Academic Yea	ır
Approved/Not Approved	Date	Academic Yea	ır
Approved/Not Approved	Date	Academic Yea	ır