

FSM ENTITLEMENT VERIFICATION CHECK

SCHOOL/ACADEMY

NAME OF PUPIL(s):

YEAR GROUP

.....

.....

SURNAME OF PARENT/CARER WHO IS IN RECEIPT OF AN ELIGIBLE BENEFIT

.....

NATIONAL INSURANCE NUMBER OF PARENT/CARER WHO IS IN RECEIPT OF AN ELIGIBLE BENEFIT

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OR

ASYLUM SEEKER'S REFERENCE 9 DIGIT NUMBER

DATE OF BIRTH OF PARENT/CARER

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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PLEASE TICK WHICH BENEFIT YOU ARE CLAIMING

- Universal Credit **with an earnings threshold that does not exceed** **£7,400**
- Income Support
- Income Based Jobseekers Allowance
- Income-related Employment and Support Allowance
- Child Tax Credit, provided you **are not** entitled to Working Tax Credit and have an annual income, as assessed by HMRC that does not exceed **£16,190**
- Guaranteed Element of State Pension Credit
- Where a parent is entitled to Working Tax Credit run-on (the someone receives for a further four weeks after they stop for Working Tax Credit). **payment qualifying**
- Support under part VI of the Immigration and Asylum Act 1999.

I hereby give consent to a check for Free School Meals eligibility, via Durham County Council's Benefit Systems and the Department for Education's online service which includes data from HMRC and DWP. (Communication with Durham County Council may be subject to monitoring and recording.) I understand that it is my responsibility to inform the school if I no longer receive the relevant benefit.

PARENT/CARER'S SIGNATURE: DATE:

