

**FSM ENTITLEMENT VERIFICATION CHECK**

**School/Academy UTC South Durham**

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

…………….

**Surname of Parent/Carer** ……………………………………………………….

**who is in receipt of an**

**eligible benefit** (**listed overleaf)**

**National Insurance no**.**of**

**Parent/Carer who is in**

**receipt of an eligible benefit**

**OR**

**Asylum Seeker’s Reference No:** .....................................................

Bath - White/Green

**Date of Birth of Parent/Carer:**

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:** ……………….

**For School/Academy Use Only**

Approved/Not Approved Date: ………. Academic Year ………... Completed by ……………

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