



**FSM ENTITLEMENT VERIFICATION CHECK**

**Easington Academy**

**Name of Student:** .....

**Year Group**

**Surname of Parent/Carer**

**National Insurance No.  
of Parent/Carer**

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or

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

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

				/			/		
<b>YEAR</b>					<b>MONTH</b>			<b>DAY</b>	

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

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's/Carer's Signature:**..... **Date:**.....

<b>For school/academy</b>		
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:

