



**FSM ENTITLEMENT VERIFICATION CHECK**

**SCHOOL/ACADEMY:** TUDHOE COLLIERY

**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**

**OR**

**ASYLUM SEEKER'S REFERENCE 9 DIGIT NUMBER** .....

**DATE OF BIRTH OF PARENT/CARER**

**PLEASE TICK WHICH BENEFIT YOU ARE CLAIMING**

- Universal Credit
- 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 payment someone receives for a further four weeks after they qualifying for Working Tax Credit).  stop
- 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:** .....

**PLEASE RETURN THIS FORM TO THE SCHOOL THAT YOUR CHILD ATTENDS**

**For School/Academy Use Only**

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

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

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

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

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