WILLIAM READ PRIMARY ACADEMY

Company No. 9154404



Long Road, Canvey Island, Essex SS8 0JE Telephone: (01268) 683053

APPLICATION FOR FREE SCHOOL MEALS

To be completed by the person receiving benefit (must be a parent or carer).

Surname: Preferred title: (Mr/Mrs/Miss/Ms) National Insurance No:			First Name(s): Date of birth: Tel. No. Home:								
						Address:			Work:		
										Mobile:	
Postcode:											
Pupil Details: Please name all depo	endent children (und	er 11 years o	old) who y	you wish to	claim for (Reception to year 6)						
Surname	First Name	Date	of	Birth	Relationship to child						
		D	M	Y							
free school meals b Meals using a simp For full information https://www.northwi	by using a third party ble, secure and confid n on your data right	checking sedential onling selection	ervice wh e proces vill keep from th	nich checks s. your data,	vided to process this claim for for eligibility for Free School please view our privacy notice office. You can withdraw your						
Signed:		•••••	••••••	•••••	Dated:						