

Personal information that you provide is covered under the Data Protection Act 1998. Under this legislation you have the right to obtain a copy of the information we hold about you.

Details of children (Attach additional pages if necessary)

Child 1	Male <input type="checkbox"/> Female <input type="checkbox"/> (please tick)	Your relationship to the child	<input type="text"/>
Surname	<input type="text"/>		
First name	<input type="text"/>	Date of Birth	<input type="text"/>
Name of school	<input type="text"/>		

Child 2	Male <input type="checkbox"/> Female <input type="checkbox"/> (please tick)	Your relationship to the child	<input type="text"/>
Surname	<input type="text"/>		
First Name	<input type="text"/>	Date of Birth	<input type="text"/>
Name of school	<input type="text"/>		

Child 3	Male <input type="checkbox"/> Female <input type="checkbox"/> (please tick)	Your relationship to the child	<input type="text"/>
Surname	<input type="text"/>		
First Name	<input type="text"/>	Date of Birth	<input type="text"/>
Name of school	<input type="text"/>		

Child 4	Male <input type="checkbox"/> Female <input type="checkbox"/> (please tick)	Your relationship to the child	<input type="text"/>
Surname	<input type="text"/>		
First name	<input type="text"/>	Date of Birth	<input type="text"/>
Name of school	<input type="text"/>		

Once we receive your completed application for Free School Meals we will check your benefit entitlement with data held by Camden Benefits Service, Department for Work and Pensions, the Home Office and HMRC (Revenue and Customs) through a central on-line system. If we cannot confirm your entitlement through this process we will write to ask you to provide up-to-date evidence of the benefit you receive.

DECLARATION

- I understand that my entitlement to Free School Meals will continue only for as long as I receive one of the qualifying Benefits.
- I agree to inform you immediately if my benefits or tax credit entitlement changes.
- I declare that all the information I have given on this form is true to the best of my knowledge and belief.
- I hereby authorise Camden Benefits Service to check my eligibility status with the relevant providers.

Your Signature	<input type="text"/>	Date	<input type="text"/>
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