

Please list **ALL** children in your household that attend Glebe Academy

Child's First Name	Child's Surname	Date of Birth	Year Group of Child

Home address of child/children named above

Postcode:	Contact Phone Numbers
------------------	------------------------------

Applicant's Details – Please write clearly and note that any incorrect or missing details WILL delay this form being processed

Applicant's National Insurance Number									
Applicant's NASS Reference Number (if Applicable)									
What is your relationship to the child/children (please circle)	Mother	Father	Guardian	Foster Carer					
Applicant's Title (Please circle)	Mr	Mrs	Miss	Ms					
Applicant's First Name (Block letters please)									
Applicant's Surname (Block letters please)									
Applicant's Date of Birth	DAY	MONTH	YEAR						
Applicant's Email Address									
Applicant's Address – If different than that of the child/children named above									

Declaration and Signature of Applicant

All information provided will be treated in confidence in accordance with the Data Protection Act 1998 and used for the purposes of fulfilling the School's and the Department for Education's statutory and operational needs in relation to Free School Meals, Education Benefits, Pupil Premium and Early Years Pupil Premium. It may also be shared with other departments in Government for the purposes of preventing fraud, misuse of public funds and any legal or statutory requirements. If you object to your information being shared in this way, please write to the Principal at Glebe Academy.

I declare that all the information I have provided is true. I will inform the school if my circumstances change (including my address). **Applications will not be processed without a signature.**

Signature:

Date: