



**COLD HARBOUR**  
C of E Primary School

**GROWING, LEARNING, ACHIEVING TOGETHER**  
Highland Close, Bletchley, Milton Keynes, MK3 7PD. Telephone: (01908) 270377

Headteacher: Christine Ryan MIBiol, CBiol, NPQH, MA, LLE  
Email: office@coldharbour.milton-keynes.sch.uk

**FREE SCHOOL MEALS APPLICATION FORM**

If you wish the school to make an application for Free School Meals for your child/ren, please complete the form below and **confirm the following**:-

I confirm that the school has completed my application for FSM on my behalf. I confirm that the parent/carer for whom I have given details has parental responsibility for the child/ren and that the child/ren lives with the parent/carer (address is the same as the child's school record).

Signed: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Applicant information (Parent/Carer)**

Title: \_\_\_\_\_ First name: \_\_\_\_\_ Last Name: \_\_\_\_\_

National Insurance Number: \_\_\_\_\_ or National Asylum Support Service Number: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Email: \_\_\_\_\_ Tel (Landline): \_\_\_\_\_ Mob: \_\_\_\_\_

Are you happy for email to be your primary communication channel for FSM entitlement Yes / No

Address & Post Code: \_\_\_\_\_

**Child's information - 1**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**Child's information - 2**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**Child's information - 3**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Please return to the school office in a sealed envelope addressed 'FSM APPLICATION'

