

**Contact details:**

Phone: 0330 222 5555  
 Email: [fsm@westsussex.gov.uk](mailto:fsm@westsussex.gov.uk)  
 Web: [www.westsussex.gov.uk](http://www.westsussex.gov.uk)

Free School Meals  
 2<sup>nd</sup> Floor  
 The Grange  
 Tower Street  
 Chichester  
 PO19 1RG



Dear Parent/Guardian,

We have received notification that your child(ren) have enrolled in to a West Sussex school and were previously entitled to FSM in another Local Authority area.

To ensure a seamless transition of your child(ren)'s Means Tested Free School Meals and Pupil Premium to your child(rens)'s school in West Sussex we must create a record in our data base. To do this we need you to provide the information requested below.

Please do take care to fill out the form below accurately as this could impact your child(ren)'s FSM and their schools Pupil Premium entitlement.

**PARENT/GUARDIAN DETAILS**

|  |                    | Parent/Guardian 1*    |   |    |                |      |  | Parent/Guardian 2 |   |    |   |      |  |
|--|--------------------|-----------------------|---|----|----------------|------|--|-------------------|---|----|---|------|--|
| Last name*                                     |                    |                       |   |    |                |      |  |                   |   |    |   |      |  |
| First Name*                                    |                    |                       |   |    |                |      |  |                   |   |    |   |      |  |
| Date of Birth*                                 |                    | DD                    |   | MM |                | YYYY |  | DD                |   | MM |   | YYYY |  |
| National Insurance Number*                     |                    |                       |   |    |                |      |  |                   |   |    |   |      |  |
| National Asylum Support Service (NASS) Number* |                    |                       | / |    | /              |      |  |                   | / |    | / |      |  |
| Daytime Telephone Number                       |                    |                       |   |    |                |      |  |                   |   |    |   |      |  |
| Mobile Number                                  |                    |                       |   |    |                |      |  |                   |   |    |   |      |  |
| Email Address                                  |                    |                       |   |    |                |      |  |                   |   |    |   |      |  |
| Address*                                       |                    | Postcode:             |   |    |                |      |  | Postcode:         |   |    |   |      |  |
| Child's Last Name                              | Child's First Name | Child's Date of Birth |   |    | Name of School |      |  |                   |   |    |   |      |  |
|  |                    | DD                    |   | MM |                | YYYY |  |                   |   |    |   |      |  |
|  |                    | DD                    |   | MM |                | YYYY |  |                   |   |    |   |      |  |
|  |                    | DD                    |   | MM |                | YYYY |  |                   |   |    |   |      |  |
|  |                    | DD                    |   | MM |                | YYYY |  |                   |   |    |   |      |  |

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**DECLARATION**

The information I have given on this form is complete and accurate. I understand that my personal information is held securely and will be used only for local authority purposes. I agree to the local authority using this information for purposes related to free school meals.

Signature of parent/guardian: .....

Date:.....

Thank you for completing this form and helping to make sure your child’s school is as well funded as possible. \*Please return to: e-mail fsm@westsussex.gov.uk

Or you can print this form and give it to your child’s school or post it to West Sussex County Council, Free School Meals, Pupil Support, 2nd Floor, The Grange, County Hall, Chichester, PO19 1RG

**How the information in this form will be used**

The information you provide in this form will be used by the council to confirm receipt of one of the listed welfare benefits and to decide whether pupils are eligible for means tested free school meals. Once this is confirmed, this helps to decide how much money your child’s school will receive each year.

You only need to complete this form once and it will last for the duration of your child’s time at their current school.

We are committed to ensuring that the personal and sensitive information that we hold about you is protected and kept safe and secure, and we have measures in place to prevent the loss, misuse or alteration of your personal information. We will use the information you provide to assess entitlement to free school meals. The information may also be shared with other Council departments to offer benefits and services. All information used will comply with the Council’s Privacy Policy which can be found in more detail on the link below.

<https://www.westsussex.gov.uk/privacy-policy/>