Appendix 2

INFORMATION REQUIRED FOR FREE SCHOOL MEALS SECTION
AUTUMN TERM 2003

NAME OF PARENT/GUARDIAN	PUPIL'S FULL NAME	ADDRESS	NATIONAL INSURANCE NO.	NAME OF SCHOOL	VERIFICATION (PARENT/ GUARDIAN ARE CLAIMING FREE SCHOOL MEALS)	
					YES	NO
					YES	NO
					YES	NO
					YES	NO
					YES	NO
					YES	NO