

**Ministry of Education
NATIONAL SCHOOLS DIETARY SERVICES LIMITED
SCHOOL NUTRITION PROGRAMME**

No. _____

SCHOOL MEALS APPLICATION FORM (One per child)

Child's Name (First, Middle Initials, Last)	Date of Birth (dd/mm/yyyy) ____/____/____	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Form / Class _____
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Child's Religion (Please tick one of the following):

Anglican Pentecostal Hindu Muslim Presbyterian /
 Roman Catholic Spiritual Baptist S.D.A Full Gospel Rastafarian

Other (please state)

Has a doctor ever told you that your child has any serious illness(es)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, name them:</i> 1. Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No 2. High Blood Pressure <input type="checkbox"/> Yes <input type="checkbox"/> No 3. _____ 4. _____	Is your child allergic to any food?: (Milk included): <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, name them:</i> 1. _____ 4. _____ 2. _____ 5. _____ 3. _____ 6. _____
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Is your child vegetarian? (that is <u>never</u> eats foods from animals e.g. eggs & fish) <input type="checkbox"/> Yes <input type="checkbox"/> No	Which of the following foods can your child <u>NOT</u> eat? (Please tick) <input type="checkbox"/> Chicken <input type="checkbox"/> Fish <input type="checkbox"/> Beef <input type="checkbox"/> Soya <input type="checkbox"/> Pineapple <input type="checkbox"/> Nuts <input type="checkbox"/> Eggs <input type="checkbox"/> Other:
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Mother's Name (First, Surname) _____	Father's Name (First, Surname) _____	If applicable, Guardian's Name (First, Surname) _____
Occupation _____	Occupation _____	Occupation _____
If applicable, which of the following best describes your occupation? <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Casual <input type="checkbox"/> Daily Paid <input type="checkbox"/> Self Employed	If applicable, which of the following best describes your occupation? <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Casual <input type="checkbox"/> Daily Paid <input type="checkbox"/> Self Employed	If applicable, which of the following best describes your occupation? <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Casual <input type="checkbox"/> Daily Paid <input type="checkbox"/> Self Employed

No. of Persons in Household _____ **No. of Children/Dependents** _____

Does either parent, or if applicable, the child's guardian receive any of the following? (Please tick)
 Old Age Pension Survivor Benefits Social Welfare/Assistance Disability Grant None

For which meal(s) are you applying?
 Breakfast Lunch Both

I certify that all information on this application is true.

Parent's/Guardian's Signature: _____ **Date:** _____

Part 2 - SCHOOL INFORMATION (to be filled out by School Principal)

Name of School	Type of School (Please tick one of the following) <input type="checkbox"/> Preschool <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tech/Voc. <input type="checkbox"/> Special <input type="checkbox"/> Other (please state) _____ <i>Is it?</i> <input type="checkbox"/> Government Assisted <input type="checkbox"/> Public <input type="checkbox"/> Private
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Address of School	Tel No: _____ Fax No: _____ Email: _____
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Educational District (Please tick one of the following)
 St. Patrick Victoria St. George (East) Port of Spain & Environs North Eastern Caroni South Eastern

Do you refer this student to be eligible for free school meals? Yes No **Comments**

Principal's Name (BLOCK LETTERS) **Principal's Signature:** _____ **Date:** _____

Official Use only (SCHOOL NUTRITION PROGRAMME)

Is the student eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No	School Supervisor's Signature: _____	Date: _____
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