

Ministry of Education
NATIONAL SCHOOLS DIETARY SERVICES LIMITED
SCHOOL NUTRITION PROGRAMME

No. _____

SCHOOL MEALS APPLICATION FORM (One per child)

Part 1 - CHILD'S INFORMATION			
Child's Name (First, Middle Initials, Last)	Date of Birth (dd/mm/yyyy) ____/____/____	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Form / Class _____
Child's Religion (Please tick one of the following): <input type="checkbox"/> Anglican <input type="checkbox"/> Pentecostal <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Presbyterian <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Spiritual Baptist <input type="checkbox"/> S.D.A <input type="checkbox"/> Full Gospel <input type="checkbox"/> Rastafarian <input type="checkbox"/> 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. _____		
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: _____		
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) <input type="checkbox"/> Old Age Pension <input type="checkbox"/> Survivor Benefits <input type="checkbox"/> Social Welfare/Assistance <input type="checkbox"/> Disability Grant <input type="checkbox"/> None			
For which meal(s) are you applying? <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Both			
<i>I certify that all information on this application is true.</i> 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		
Address of School	Tel No: _____	Fax No: _____	
Educational District (Please tick one of the following) <input type="checkbox"/> St. Patrick Victoria <input type="checkbox"/> St. George (East) <input type="checkbox"/> Port of Spain & Environs <input type="checkbox"/> North Eastern <input type="checkbox"/> Caroni <input type="checkbox"/> South Eastern			
Do you refer this student to be eligible for free school meals? <input type="checkbox"/> Yes <input type="checkbox"/> 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:	