FREE and Subsidised School Milk - Semi-Skimmed

Complete this form in BLOCK CAPITALS.

School Details		Complete this form in BLOCK CAPITALS.
School name	(in full)	
Local Authority		
Town		Postcode
Child Deta Please tick one box be Under 5? Yes If applicable ho	elow as appropriate	the milk? Termly Half Termly
School Milk Start Date / /		Or start as soon as possible
First Name		Family Name
Date of Birth / /		Class/ Teacher
House No./ Name		Street Name
Town		County
Postcode		
Parent/Gu	ardian Details	
Mr/ Mrs/ Miss/ Ms (Please circle as appropriate)		
First Name		Family Name
Daytime Tel. No.		Evening Tel. No.
Email Address	i	
Address (if different f	rom above)	
House No./ Name		Street Name
Town		County
Postcode		
The personal data reques controller) and is only use Unit, the Rural Payments	sted is required as part of the UK free and sub ad in relation to school milk. Please be aware Agency and any other local or central govern	ility for free/subsidised milk based on the information you include in your registration. sidised school milk schemes. All data is securely stored by Cool Milk at School Ltd (data that we may share this data with your local authority, the Nursery Milk Reimbursement ment department or a third party appointed by them with respect to school milk. Il still receive correspondence about your account)
Return	Signature	Date / /
today to:	ool Milk at School - Registrat	ions, PO Box 139, Sheffield, S98 1HE Official use only