Free & Subsidised School Milk - Semi-Skimmed

Complete this form in **BLOCK CAPITALS**.

School Details	complete inits form in block carmals.
School name (in full)	
Local Authority	
Town	Postcode
Child Details Please tick one box below as appropriate Under 5? Yes No If applicable how would you like to pay for t	he 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/Guardian Details	_
Mr / Mrs / Miss / Ms (Please circle as appropri	ate)
First Name	Family Name
Daytime Tel. No.	Evening Tel. No.
Email Address	
Address (if different from above)	
House No./Name	Street Name
Town	County
Postcode	
The personal data requested is required as part of the UK free and subcontroller) and is only used in relation to school milk. Please be aware	ility for free/subsidised milk based on the information you include in your registration. bsidised 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.
Signature	Date / /