

Ministry of Education
NATIONAL SCHOOLS DIETARY SERVICES LIMITED
SCHOOL NUTRITION PROGRAMME
SCHOOL MEALS APPLICATION FORM (One per child)

No:

Part 1- CHILD’S INFORMATION				
Child's Name (First, Middle Initials, Last)		Date of Birth (dd/mm/yyyy) <div></div>	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Form / Class <div></div>
Child's Religion (Please tick one of the following): <div><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.DA <input type="checkbox"/> Full Gospel <input type="checkbox"/> Rastafarian <input type="checkbox"/> Other Please state</div>				
Has a doctor ever told you that your child has any serious illness (es)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, name them: 1. Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No 2. High Blood Pressure <input type="checkbox"/> Yes <input type="checkbox"/> No 3. <div></div> 4. <div></div>		Is your child allergic to any food?: (Milk included): <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, name them: 1. <div></div> 4. <div></div> 2. <div></div> 5. <div></div> 3. <div></div> 6. <div></div>		
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) <div></div>	Father's Name (First, Surname) <div></div>		If applicable, Guardian's Name (First, Surname) <div></div>	
Occupation <div></div>	Occupation <div></div>		Occupation <div></div>	
If applicable, which of the following best describes your occupation? a Permanent a Temporary a Casual a Daily Paid a 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: <div></div> No. of Children/Dependents: <div></div>				
Does either parent, or if applicable, the child's guardian receive any of the following? (Please tick) a Old Age Pension a Survivor Benefits a Social Welfare/Assistance a Disability Grant a None				
For which meal(s) are you applying? <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Both				
I certify that all information on this application is true. Parent's/Guardian 's Signature: <div></div> Date: <div></div>				
Part 2 - SCHOOL INFORMATION (To be filled out by School Principal)				
Name of School: ARIMA CENTRAL SECONDARY SCHOOL		Type of School (Please tick one of the following) <input type="checkbox"/> Preschool <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Secondary <input type="checkbox"/> Tech/Voc. <input type="checkbox"/> Special <input type="checkbox"/> Other (please state) <div></div> Is it? <input type="checkbox"/> Government Assisted <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		
Address of School: No 1 Robert Street , Arima		Tel No: (868) 667- 2305 Fax No: Email: arimacentral.sec@fac.edu.tt		
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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Comments:		
Principal's Name (BLOCK LETTERS) Mr. B. Dhoray	Principal's Signature:		Date: 14th October 2020	
Is student eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No	School Supervisor Signature:		Date:	