

**Application for Inclusion in the Dublin City Council  
School Meals Scheme**

Name of School \_\_\_\_\_ Roll Number \_\_\_\_\_  
Address \_\_\_\_\_ Current Enrollment \_\_\_\_\_  
\_\_\_\_\_ Average Attendance \_\_\_\_\_  
\_\_\_\_\_

Telephone/Fax \_\_\_\_\_ e-mail address \_\_\_\_\_

**Number of Units Required Each Day**

Food \_\_\_\_\_ Milk \_\_\_\_\_

**Administration**

Will a contribution towards administration costs be required? \_\_\_\_\_

**Chairperson of the Board of Management**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Principal**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that meals will only be provided to children who, by reason of lack of food, are unable to take full advantage of the education provided for them.

Signed \_\_\_\_\_

Date \_\_\_\_\_