

Derwent Campus, Bracknell Drive, Alvaston, Derby, DE24 OBR Head Teacher: Mrs A Donaghy Telephone: 01332 572026 Fax: 01332 573654

**Application for Free Meals for Full-Time Students** 

To be completed by the Parent/0	<u>Guardian — (both parents where appli</u>	<u>cable)</u>
Surname	Mr/Mrs/Miss/Ms (delete as appropri	ate) First Name
National Insurance Number:	Date of Birth	n:
Surname	Mr/Mrs/Miss/Ms (delete as appropriate) First Name	
National Insurance Number:	Date of Birth:	
Relationship to Child/children:		
Present address:		
		Tel No:
Any previous address within the	last 12 month:	
Details of all I	Noel-Baker Academy students for w	hom a claim is made
NAME	DATE OF BIRTH	FORM
PLEASE NOTE		
Free meals are only avail	lable to your child/children if you or you	r partner gets:-
<ul> <li>Income Support</li> <li>Job Seekers Allowance</li> <li>Employment and Support</li> <li>Child Tax Credits (but Note)</li> <li>Pension Credit (Guarante)</li> </ul>	rt Allowance OT Working Tax Credit), and your ann	ual income is no more than £16,190.
,	processed using the information provide. We do not require any supporting do	•
	ur name below to confirm that you cons ss your application for free meals:-	sent to Noel-Baker Academy using you
Signed:	Print:	Date:
Signod:	Drint:	Dato: