

APPLICATION FOR FREE SCHOOL MEALS **Applicants' Details**

				CON	TROLLED	
Parent 1 Mr/Mrs/Miss/Ms		First Name	Surname			
Relationshi	p to child / children					
Date of Birth National/ Insurance Number			Please note your NI No is in the format as follows: 2 Letters, 6 Numbers and 1 Letter example below AB123456C			
Parent 2 Mr/Mrs/Miss/Ms		First Name Surname				
Date of Bir	Insurance Number		Please note your NI No is in the format as follows: 2 Letters, 6 Numbers and 1 Letter example below AB123456C			
Relationshi	p to child / children					
Address		Postcode				
Pupil Details (Please include all pupils on one form)						
Child(ren)'s name and surname		Name of nursery, school,	academy or college	D.O.B.	Age	
We will write to you to with the outcome of your application. If you prefer to get notified by email please enter your email contact details						
Support or not eligible will underta changed af us immedia requirement amended, t	Child Tax Credit (with a e. We do not need any lke routine eligibility che fecting your eligibility – ately if your benefit char It for you to apply again their data transferred ar	school meals you or your partner in annual income of less than £1 documentary evidence of benefi icks on all applications and scho this will reflect where you have b iges or ends, as it may mean that for any of the pupils named about rechecked. You do need to te il children to be added to your fa	6,190). Those in receipt of the standard of the second of	of Working Tax Cre equest them. The A stances appear to h er eligible. You must free school meals. T y have their school o	edit are uthority ave contact There is no details	
systems at covered by	the school/college and	formation that you have provided in the Children and Younger Adu protection legislation. Under the	ults Department. The use	of this personal infor	mation is	
responsible information and my chi	e for the children for who given with Governmen	ve information is correct to the boom I have claimed. I understand that Departments. I understand that free meals, I may be required secution.	that Derbyshire County Co t if I fail to inform you of an	ouncil may verify the y change in circums	tances,	
Signature of Applicant			Date			

Please return the completed application form to Pupil Premium Applications, Children's Services, Block B Chatsworth Hall, Matlock, Derbyshire DE4 3FW or by e-mail to checking@derbyshire.gov.uk any queries please call the team on 01629 535743 / 01629 536481