

**WREXHAM COUNTY BOROUGH COUNCIL  
APPLICATION FOR FREE SCHOOL MEALS**



OFFICE USE ONLY
From .....
To.....

THE ONLY PERSON ABLE TO COMPLETE THIS FORM IS THE CLAIMANT WHO IS IN RECEIPT OF THE FOLLOWING ENTITLEMENTS, PLEASE TICK APPROPRIATE BOX

Income Support
  Immigration and Asylum Seekers Allowance  
 Income Based Job Seekers Allowance
  Child Tax Credit with income below the set limit  
 Guarantee Element of State Pension Credit
  Universal Credit

**1. Details of Applicant**

Surname: ..... Initials: .....

Address: .....

..... Post Code: .....

Telephone No.: ..... Relationship to Children: .....

National Insurance Number      L L N N N N N N L      **L = Letter**  
**Must be completed**

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**N = Number**

**2. Details of Child/Children**

Give details of each child in full-time attendance.

Names	Date of Birth	School

**3. Details of Entitlement to Benefits**  
 PLEASE BRING ORIGINAL CURRENT DOCUMENTS SHOWING PROOF OF YOUR ENTITLEMENT. THIS MUST SHOW CLAIMANTS NAME, N.I. NUMBER, WHICH BENEFITS WITH AN ON-GOING DATE. **WITHOUT THIS, FREE MEALS CANNOT BE AWARDED.**

**4. Declaration**

Please read this declaration carefully before you sign and date it:-

- I certify that the information I have given is correct and complete. If I give information that is incorrect or incomplete, you may take action against me. This may include court action.
- I acknowledge that the information provided will be processed by computer for the purpose of school meals and may be passed to other services within the Education Department.
- I agree that I will notify the Support Services Department of Wrexham County Borough Council as to any changes in my circumstances which may affect my claim.
- I authorise the Department for Work & Pensions / Tax office to divulge information regarding my entitlement to benefits to Wrexham County Borough Council.
- I will re-apply in adequate time if I consider that free school meals will be required beyond the period given.

Signature ..... Date .....