

**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 .....