

**BRIDGEND COUNTY BOROUGH COUNCIL
EDUCATION DEPARTMENT**

APPLICATION FORM FOR FREE SCHOOL MEALS
(Only parents in receipt of Income Support/ Income Based Job Seekers/ Child Tax Credit Allowance may apply)
WORKING TAX CREDIT DOES NOT QUALIFY

PART 1 PARTICULARS OF APPLICANT
(PLEASE USE BLOCK CAPITALS)

	APPLICANT	APPLICANT'S PARTNER
SURNAME		
FIRST NAME		
DATE OF BIRTH		

ADDRESS:

N.I. NUMBER					
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PART 2 ALL DEPENDENT CHILDREN

SURNAME	FIRST NAMES	AGE	D.O.B	FULL NAME OF SCHOOL

It is necessary to provide documentary evidence of the benefit you receive when submitting your application form otherwise Free School Meals will **NOT** be provided. A photocopy is acceptable.

PART 3 DECLARATION OF INCOME

(PLEASE BRING YOUR BOOK TO THE EDUCATION OFFICE/SCHOOL OR ASK THE D.S.S. TO STAMP THE FORM)

INCOME	AMOUNT	DATE OF COMMENCEMENT	OFFICIAL STAMP AND SIGNATURE OF OFFICER
Income Support			
Income Based Jobseekers Allowance			

DECLARATION OF APPLICANT

I declare that the information provided on this form is correct.
I will inform the Education Department IMMEDIATELY in writing of any change in my circumstances/status.
 I agree to any investigation being made to verify the accuracy of the information.

Signature of Applicant:

Telephone No.: Date: