



**FREE SCHOOL MEALS ENTITLEMENT
CHANGE IN CIRCUMSTANCES
DECLARATION**

Free School Meal Claim Number (if known): _____

Mr/Mrs/Ms/Miss: _____ Name of Parent/Guardian: _____

Address: _____

Postcode: _____ Telephone Number including Area Code: _____

Date of Birth: _____ National Insurance Number: _____

Name of Child/Children	School

Details of Change in Circumstances:

Declaration:

I hereby certify that the information given on this form is, to the best of my knowledge and belief, correct.

I authorise Carmarthenshire County Council to make any necessary enquiries to verify the information on this form with County Council and Government Departments.

Signature of Applicant: **Date:**

Office Use Only:			
Eligibility Checked:		Meals Cancelled:	Date:
Entitled	Not Entitled		Initials: