

To be completed by the parent/legal guardian of the child/children for whom Free School Meals is/are being claimed and returned to:
Schools and Family Support Team, Civic Centre, Port Talbot, SA13 1PJ.

Name of Applicant: _____ Relationship to pupil(s): _____

Full Address: _____

Postcode: _____

Telephone Number: _____ Date of Birth of Parent/Guardian: _____

National Insurance Number: _____

<i>Please indicate if you are in receipt of one of the following benefits</i>	YES / NO
Income Support/Employment Support Allowance (Income Related)	<input type="checkbox"/>
Income Based Jobseekers Allowance	<input type="checkbox"/>
Child Tax Credit (proving you are not entitled to Working Tax Credit and have an annual taxable income, as assessed by HM Revenue & Customs, that does not exceed £16,190)	<input type="checkbox"/>
Guaranteed element of State Pension Credit	<input type="checkbox"/>
Support under the immigration and Asylum Act 1999	<input type="checkbox"/>
Universal Credit	<input type="checkbox"/>

Please indicate below the details of each dependant child who is in full time attendance at school

Full Name of Child	Date of Birth	Name of School (to be attended in Sept 2015)	School Year (to be entering in Sept 2015)	Is each child living with you? YES / NO

I agree that you will use the information I have provided to process my claim for free school meals and will contact other agencies (Jobcentre Plus, Department of Work and Pension, HM Revenue & Customs) as allowed by law to verify my initial and ongoing entitlement.

I declare that the information given on this form is a correct statement of my circumstances and I undertake to notify the Authority immediately of any changes in my circumstances, I understand that the Neath Port Talbot Education Department reserves the right to take suitable action should it be discovered that a false declaration of income has been made.

I understand that the results of any free school meal eligibility check may also be used to assess my entitlement to receive a school uniform grant for a year 7 pupil.

Signature of Applicant: _____ Date: _____

FOR OFFICE USE ONLY	Mail No: _____
Checked on Hub: _____	TC602 Seen: Yes <input type="checkbox"/> No <input type="checkbox"/>
Free Meals Granted: Yes <input type="checkbox"/> No <input type="checkbox"/>	Number: _____
Signature of Assessing Officer: _____	Date: _____
Checked by: _____	Date: _____
Notes:	

EDU26/6

I'w gwblhau gan riant/gwarcheidwad cyfreithiol y plentyn/plant y cyflwynir cais am brydau ysgol am ddim ar ei gyfer/eu cyfer a'i dychwelyd i: **Tîm Cefnogi Ysgolion a Theuluoedd, Canolfan Ddinesig, Port Talbot, SA13 1PJ.**

Enw'r Ymgeisydd: _____ Perthynas â'r disgybl(ion): _____

Cyfeiriad llawn: _____

Côd post: _____

Rhif Ffôn: _____ Dyddiad Geni Rhiant/Gwarcheidwad: _____

Rhif Yswiriant Gwladol: _____

<i>Nodwch a ydych yn derbyn un o'r budd-daliadau canlynol</i>	YDW / NAC YDW
Cymhorthdal Incwm/ Lwfans Cefnogi Cyflogaeth (cysylltiedig ag incwm)	<input type="checkbox"/>
Lwfans Ceiswyr Gwaith Seiliedig ar Incwm	<input type="checkbox"/>
Credyd Treth Plant (sy'n profi nad ydych yn gymwys i hawlio Credyd Treth Gwaith ac mae gennych incwm blynyddol trethadwy, fel a asesir gan Cyllid a Thollau EM, nad yw'n fwy na £16,190)	<input type="checkbox"/>
Elfen warantedig y Credyd Pensiwn Gwladol	<input type="checkbox"/>
Cefnogaeth o dan Ddeddf Lloches a Mewnfudo 1999	<input type="checkbox"/>
Credyd Cyffredinol	<input type="checkbox"/>

Nodwch isod fanylion pob plentyn dibynnol sy'n mynd i'r ysgol yn amser llawn

Enw llawn y plentyn	Dyddiad Geni	Enw'r ysgol (y bydd y plentyn yn mynd iddi ym mis Medi 2015)	Blwyddyn Ysgol (ym mis Medi 2015)	A yw pob plentyn yn byw gyda chi? YDY / NAC YDY

Rwy'n cytuno i chi ddefnyddio'r wybodaeth rwyf wedi ei rhoi i brosesu fy hawl am brydau ysgol am ddim ac y byddwch yn cysylltu ag asiantaethau eraill (Canolfan Byd Gwaith, Adran Gwaith a Phensiynau, Cyllid a Thollau EM) fel a ganiateir yn ôl y gyfraith, i wirio fy hawliad cychwynnol a pharhaus.

Rwy'n datgan bod yr wybodaeth a roddir ar y ffurflen hon yn ddatganiad cywir o'm hamgylchiadau a byddaf yn hysbysu'r awdurdod ar unwaith os bydd fy amgylchiadau'n newid. Rwy'n deall bod Adran Addysg Castell-nedd Port Talbot yn cadw'r hawl i weithredu'n briodol os canfyddir y gwnaed datganiad anwir ynghylch incwm.

Rwy'n deall y gall canlyniadau unrhyw wiriad cymhwyster ar gyfer prydau ysgol am ddim gael eu defnyddio hefyd i asesu fy hawl i dderbyn grant am wisg ysgol ar gyfer disgybl ym mlwyddyn 7.

Llofnod yr ymgeisydd: _____ Dyddiad: _____

AT DDEFNYDD Y SWYDDFA'N UNIG	Mail No: _____
Checked on Hub: _____	TC602 Seen: Yes <input type="checkbox"/> No <input type="checkbox"/>
Free Meals Granted: Yes <input type="checkbox"/> No <input type="checkbox"/>	Number: _____
Signature of Assessing Officer: _____	Date: _____
Checked by: _____	Date: _____
Notes:	