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| **Application for free school meals/Distinctive school uniform** | | | | | | | | | | | | | | | | | | | |
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| Only parents/carers in receipt of Income Support, Income Based Jobseekers Allowance, Child Tax Credit with **No** Working Tax Credit\* (annual income not exceeding £16,190), Support under part VI of the Immigration & Asylum Act 1999, Employment Support Allowance (Income Related) (ESA(IR)), Guaranteed Pension Credit, Universal Credit may apply | | | | | | | | | | | | | | | | | | | |
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| **\*Where a person is entitled to Working Tax Credit during the four week period immediately after their employment ceases, or after they start to work less than 16 hours per week, their child is entitled to claim free schools meals. Parents will need to submit proof of their entitlement i.e. Tax Credit Notice, pages 1-4.** | | | | | | | | | | | | | | | | | | | |
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| **PARENT(S)/CARER(S) INFORMATION** | | | | | | | | | | | | | | | | | | | |
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| Surname | |  | | | | | | | | Forename(S) | | | |  | | | | | |
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| Date of Birth | |  | | | | | | | |  | | | | | | | | | |
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| Address | |  | | | | | | | | | | | | | | | | | |
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| Postcode | |  | | | | | | | | Tel No: | | | |  | | | | | |
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| NI Number | |  | | | | | | | | Mobile No | | | |  | | | | | |
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| **\*Without this information your application cannot processed** | | | | | | | | | | | | | | | | | | | |
| **PUPIL(S) INFORMATION** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
|  | **Full name(s) of children** | | | |  | **Age** | |  | **Date of Birth** | | |  | **School/College** | | | | | |  |
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| **DECLARATION & CONSENT** | | | | | | | | | | | | | | | | | | | |
| **I declare that:**   * **The information provided on this form is correct** * **I will inform Housing Benefit Section Immediately in writing of any change in my circumstances/status** * **I agree that you will use the information I have provided to process my claim for Free School Meals and will contact other sources as allowed by law to verify my initial and ongoing entitlement. I understand that the results of any Free School Meals eligibility checks may also be used to assess my entitlement to receive a Distinctive School Uniform Grant** | | | | | | | | | | | | | | | | | | | |
| **Signature of Applicant** | | | |  | | | | | | | | | **Parent/Carer** | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Date** | | | |  | | | | | | | | |  | | | | | | |
| **Please return this completed form to Housing Benefit Section, Civic Offices, Angel Street, Bridgend, CF31 4WB**  **(Phone 01656 643396)** | | | | | | | | | | | | | | | | | | | |
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| \*IMPORTANT NOTICE\* | | | | | | | | | | | | | | | | | | | |
| If you have children attending **secondary school** in years 7 to 11 you can also apply for a Distinctive Uniform Grant. If you wish to apply for this grant please tick the box opposite | | | | | | | | | | | | | | | |  | |  | |
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| **Ffurflen I Wneud Cais am Brydau Ysgol Am Ddim/Gwisg Ysgol Unigryw** | | | | | | | | | | | | | | | | | | | |
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| Dim ond rhieni/gofalwyrsy’n derbyn Cymhorthdal Incwm, Lwfans Ceisio Gwaith Seiliedig ar Incwm, Credyd Treth Plant **heb** Gredyd Treth Gwaith \* (incwm blynyddol heb fod yn fwy nag £16,190), Cymorth dan ran VI Deddf Lloches a Mewnfudo 1999, Lwfans Cymorth Cyflogaeth (ar sail incwm) (ESA(IR)), neu Gredyd Pensiwn Gwarantedig, Credyd Cynhwysol sy’n gymwys i wneud cais | | | | | | | | | | | | | | | | | | | |
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| **\*Lle mae gan berson hawl i Gredyd Treth Gwaith yn ystod y cyfnod o bedair wythnos yn union ar ol i’w gyflogaeth ddod i ben, neu wedi iddo ddechrau gweithio llai nag 16 awr yr wythnnos, mae’r plentyn yn gymwys i hawlio prydau ysgol am ddim. Bydd angen i rieni gyflwyno prawf o’u hawl h.y. Hysbysiad Dyfarnu Credyd Treth, tudalennau 1-4.** | | | | | | | | | | | | | | | | | | | |
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| **GWYBODAETH AM Y RHIANT(RHIENI)/GOFALWR(GOFALWYR)** | | | | | | | | | | | | | | | | | | | |
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| **\*Heb yr wybodaeth hon ni ellir prosesu eich cais** | | | | | | | | | | | | | | | | | | | |
| **GWYBODAETH AM Y DISGYBL(ION)** | | | | | | | | | | | | | | | | | | | |
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|  | **Enw (au) llawn y plentyn /plant** | | | |  | **Oed** | |  | **Dyddiad geni** | | |  | **Ysgol / Coleg** | | | | | |  |
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| **DATGANIAD A CHYDSYNIAD** | | | | | | | | | | | | | | | | | | | |
| Yr wyf yn datgan:   * Bod yr wybodaeth a roddwyd ar y ffurflen hon yn gywir * Y byddaf yn hysbysu’r Budd-dal Tai AR UNWAITH a hynny’n ysgrifenedig os bydd unrhyw newid yn fy amgyichiadau/statws * Fy mod yn cytuno y byddwch yn defnyddio’r wybodaeth yr wyf wedi’i darpareu i brosesu fy hawliad am Brydau Ysgol Am Ddim ac y byddwch yn cysylltu a ffynonellau eraill fel a ganiateir gan y gyfraith i wirio fy hawl gychwynnol a’m hawl barhaus. Yr wyf yn deal bod canlyniadau unrhyw wiriad i weld a wyf yn gymwys i gael Prydau Ysgol Am ddim yn gallu cael eu defnyddio i asesu fy hawl i dderbyn Grant Gwisg Ysgol Unigryw. | | | | | | | | | | | | | | | | | | | |
| Llofnod yr Ymgeisydd | | | |  | | | | | | | | | Rhiant/Gofalwr) | | | | | | |
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| Dyddiad | | | |  | | | | | | | | |  | | | | | | |
| Ar ol ei chwblhau, dylid dychwelyd y ffurflen hon i’r cyfririad canlynol: Cyngor Bwrdeistref Sirol Penybont ar Ogwr, Swyddfeydd Dinesig – Blwch Post 107, Stryd yr Angel, Penybont ar Ogwr, CF31 4WB (Ffon 01656 643396) | | | | | | | | | | | | | | | | | | | |
| \***HYSBYSIAD PWYSIG**\* | | | | | | | | | | | | | | | | | | | |
| Os oes gennych blant sy’n mynychu ysgol uwchradd gallwch hefyd wneud cais am Grant Gwisg Ysgol Unigryw. Os ydych yn dymuno gwneud cais am y grant yma, ticiwch y blwch gyferbyn. | | | | | | | | | | | | | | | |  | |  | |
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