

School Uniform Assistance Application Form 2018-19

1. Details of parent/legal guardian

This form should be completed by the parent/legal guardian who is in receipt of the qualifying benefit.

Title (Mr/Mrs/Miss/Ms):

Surname: First Name:

Address:

..... Postcode:.....

Email Address:

Home Phone No: Mobile Phone Number:

National Insurance No or Home Office No: Date of Birth:

2. Is/are your child(ren) presently registered for free school meals with Pupil Benefits?

Please Tick:

Yes

No

(If YES, go straight to Question 5. If NO, answer Question 3 and 4)

3. Are you in receipt of Child Tax and/or Working Tax Credit?

Yes

No

(If Yes, please attach HM Revenue & Customs Tax Credits Letters for the year 6/4/18 to 5/4/19)

4. Is your annual family income less than £16,190?

Yes

No

(As assessed by Her Majesty's Revenue & Customs)

(If Yes, please attach HM Revenue & Customs Tax Credits Letters for the year 6/4/18 to 5/4/19)

5. Details of children in your family at the Academy - in the year groups listed.

Please use the year group THEY WILL BE IN FROM SEPTEMBER 2018:

Year Group	Claim	First Name	Surname	DOB	IF YEAR 7, 9 or 11 PLEASE STATE THE SITE (GR – Greenwood) (RD – Ransom Drive)
Year 1	£15.00				
Year 4	£20.00				
Year 7	£40.00				
Year 9	£30.00				
Year 11	£15.00				

6.

If your application for School Uniform Assistance is accepted, we will pay the appropriate amount by directly into your bank account. Please complete your bank account details below:

Name of account holder(s)	Bank Sort Code	Account Number

7. **Qualifying Documentation**

- a) If your child(ren) is/are **eligible for Free School Meals then you do not have to provide any documentation.**

- b) If your child(ren) is/are **not eligible for Free School Meals,** but you are in receipt of Child Tax and/or Working Tax Credit **and** your annual income is not more than £16,190 (as assessed by HM Revenue & Customs) please **attach a copy of your HM Revenue & Customs Tax Credits letter (all pages) for the year 6/4/2018 to 5/4/2019 to this application.**

8. **Declaration**

I understand that my entitlement to School Uniform Assistance will continue only as long as I am in receipt of qualifying benefits. I will immediately inform the Nottingham Academy if my entitlement to qualifying benefits ends and/or the contact details for myself and/or my child(ren) change.

I understand that if I do not inform you of a change to my circumstances and my child(ren) continues to receive School Uniform Assistance I will have to repay the amount in full.

I declare that all of the information provided on this form and any associated documents is complete and true and I authorise the Nottingham Academy to take such steps, as they consider necessary, to verify the information provided.

I understand that you must protect public funds that you handle and that you may use the information provided to prevent and detect fraud. You may also share this information with other organisations that handle public funds. I understand that to give false information may lead to prosecution.

Signed: Date:

9. Once you have completed and signed this application form please return it with the relevant supporting documentation in a sealed envelope to the reception of your child's Academy site or by post to:

Nottingham Academy Finance Department, Sneinton Boulevard, Nottingham NG2 4GL

We aim to process all applications received by **Friday 6 July** for payment before 1 September 2018.