



THE WELLS ACADEMY

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Office use only
Date received

School Uniform Assistance Application Form 2023-2024

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

.....Post Code.....

Email Address

Home Phone no.Mobile No.

National Insurance/Home Office no. Date of Birth

Please Tick

2. Is/are your child(ren) presently registered for Free School Meals with Pupil Benefits?

Yes

(If yes, go straight to Question 4. If no, answer question 3)

No

3. Are you in receipt of any of the following benefits/Income Support

- Income Support Yes
- Income-based Jobseekers Allowance
- Income-related Employment and Support Allowance No
- the guaranteed element of Pension Credit
- Child Tax Credit, but NOT entitled to Working Tax Credit and you have an annual gross income of no more than £16,190, as assessed by Her Majesty's Revenue and Customs***
- Support under of the Immigration and Asylum Act 1999, section 95
- Universal Credit (income thresholds apply)

(If yes, you must attach HM Revenue & Customs Tax Credit letters for the years 06/04/23 to 05/04/24)

4. 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 2023

Year Group	Claim	First Name	Surname	DoB	Site
Year 7	£40				
Year 9	£30				
Year 11	£15				

Continues overleaf.....

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

Name of Account Holder (s)	Account Number	Sort Code

5. Qualifying Documentation

- a) If your child(ren) is/are **eligible for free school meals 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 please **attach a copy of your HM Revenue & Customs Tax Credits letter (all pages) for the year 06/04/23 to 05/04/24 to this application**

6. 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) continue 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

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 17th July 2023 for payment in October 2023