



1. Details of Application 2015/16

Surname of Applicant:.....First names:.....Mr./Mrs/Miss/Ms
 Relationship to Pupil(s):.....Date of Birth:.....
 Full Address:.....
Post Code:.....

2. Details of Child/Children in YEAR 7 Only

Please set out below the full names and details of each dependant child who is:

- starting Secondary School in September 2015

Name	Date of Birth	Secondary School

3. Details of Benefit Received

**PLEASE ENSURE THAT YOU ATTACH A COPY OF YOUR PROOF OF ENTITLEMENT
 Without this your application cannot be processed.**

I confirm that I am in receipt of (please tick):

- | | |
|--|--|
| <input type="checkbox"/> Income Support | <input type="checkbox"/> Guarantee element of State Pension Credit |
| <input type="checkbox"/> Income based Jobseeker's Allowance | <input type="checkbox"/> *Child Tax Credit with an income below the HMRC set limit |
| <input type="checkbox"/> Income-related Employment and Support Allowance | |

****PLEASE NOTE THAT IF YOU ARE IN RECEIPT OF CHILD TAX CREDIT AND WORKING TAX CREDIT YOU WILL NOT BE ELIGIBLE FOR THE SCHOOL UNIFORM GRANT**

My National Insurance Number is:

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4. Declaration

I certify that the information I have given on this form is correct.

Signature:..... Date:.....

Please return this form in person to: Contact Wrexham
 16 Lord Street
 Wrexham
 LL11 1LG

Or by post to: CYP Finance
 Lambpit Street
 Wrexham
 LL11 1AR

Tel: 01978 298991
 Email: uniformgrants@wrexham.gov.uk

<p>Office Use Only Voucher No/ BACS: Amount: Issued by: Date of issue: Capita One: Logged:</p>

Data Protection Act 1998: The information that you give on this form will be used for the processing of your application for School Uniform Grant. We are under a duty to protect public funds we handle and may use the information you have provided on this form to prevent and detect fraud. We may also share this information, for the same purposes, with other organisations which handle public funds.