

# SCHOOL UNIFORM GRANT CLAIM FORM

**Please complete all sections and return to:**

**Free School Meals, 4th Floor, 222 Upper Street, London, N1 1XR**

Please contact the Free School Meals team on 020 7527 5483/3196 should you have any queries when completing this form

## CHILD/CHILDREN DETAILS

Child's Surname	Child's First Name	Date of Birth	Sex M/F	Name of School

## PARENT/GUARDIAN DETAILS

Parent/guardian's surname/family name				
Parent/guardian's first name				
Parent/guardian's date of birth				
Parent/guardian's National Insurance No.				
Daytime telephone number				
Parent/guardian's current address				POSTCODE <input type="text"/>
Please provide your old address if you have moved in the last year				

## SPOUSE/PARTNER DETAILS

Spouse/partner's surname (if applicable)				
Spouse/partner's first name (if applicable)				
Spouse/partner's date of birth				
Spouse/partner's National Insurance No.				

**Please (X) if you are in receipt of working tax credit**

**Please (X) The type of benefit you receive, if any:**

- Income Support   
  Income-based Jobseeker's Allowance   
  Income-based Employment Support Allowance  
 Support under Part VI of the Immigration and Asylum Act 1999   
  Guaranteed element of State Pension Credit  
 Child Tax Credit and joint annual gross income of no more than £16,190  
 Universal Credit - your household income must be less than £7,400 a year (after tax and not including any benefits you get)  
 Working Tax Credit run-on - paid for 4 weeks after you stop qualifying for Working Tax Credit

## DECLARATION

The information I have given on this form is complete and accurate. Any personal information you give us is held securely and will be used only for council purposes. Information that was given for one purpose may be used for other council purposes, unless there are legal restrictions preventing this.

Signature of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_