

Date Received

New Application - Free School Meals - School Clothing Grant - Academic Year 2024/2025

Name of Parent or Guardian (Block Letters)

Title First Name Surname

Address

Postcode

Email

Telephone Number National Insurance Number

Date of birth

Name of Partner National Insurance Number

List of all child(ren) in respect of whom application is made		(Date of Birth)			School Attended
First Name	Surname	Day	Month	Year	(from August 2024)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I am in receipt of:

Income support	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Support under Part VI of the Immigration and Asylum Act 1999	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any income related element of Employment and Support Allowance	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Job Seeker's Allowance (Income Based)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Child Tax Credit, but not Working Tax Credit, with an income of less than £19,995	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Child Tax Credit and Working Tax Credit (with an annual income under £9,552	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Universal Credit with a monthly earned income of not more than £796	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Does your child have a Co-ordinated Support Plan? Yes No

I declare that the information provided by me is a true and accurate statement of my circumstances and that I have not withheld any fact. In the event of my circumstances changing, I hereby undertake to notify you. I acknowledge that false statements made may result in proceedings in Court. Applications are processed by the Council's Benefit Section. By signing below I consent to allow information held in relation to any Housing Benefit/Council Tax Reduction Claim to be checked to determine eligibility.

Signed (parent or guardian) Date

Please tick if you **do not** have a Bank Account

All payments for Clothing Grants are paid directly to your bank account. Please complete and return to us either by post to Benefits Section, PO Box 9089, Dumfries, DG1 9EB, by email to EducationBenefits@dumgal.gov.uk, or in person to your nearest Customer Service Centre.

Further information relating to Free Meals and Clothing Grants is available at www.dumgal.gov.uk/schoolmeals (You must sign and date your application or it will be returned to you for further completion).

Please turn over

Chief Executive Service - Purchase Ledger Team

Method of Payment Form Clothing Grant Application

Claim Reference Number	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> </tr> </table>								

Office use only

Please complete this section then **one of Sections A or B below**, depending on the method of payment required. To avoid any delay in payment please ensure this form is returned **with** your application for a Clothing grant to: Benefits Section, PO Box 9089, Dumfries, DG1 9EB, or via email to: EducationBenefits@dumgal.gov.uk

Name (Block Caps)											
E-mail Address		Contact Tel No									
National Insurance number	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> </tr> </table>										
I authorise payment into my account details below											
Signature		Date									

A. Payment Into Your Bank Account

Name and Address of Bank											
Bank Sort Code (6 digits)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 16.6%; height: 20px;"></td> <td style="width: 16.6%; height: 20px;"></td> <td style="width: 16.6%; height: 20px;"></td> <td style="width: 16.6%; height: 20px;"></td> <td style="width: 16.6%; height: 20px;"></td> <td style="width: 16.6%; height: 20px;"></td> </tr> </table>										
Bank Account Number (8 digits)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> </tr> </table>										

B. Payment Into Your Building Society Account

Please arrange for this section to be completed by your Building Society and have the form stamped by them as evidence that the details are correct. N.B. Some Building Societies are not full members of the clearing system and although payment will be transmitted to the Building Society's account, there may be a delay in them crediting your account. If you do encounter delays you should contact the Building Society concerned.

Building Society Bank Sort Code	Building Society Name and Address Stamp												
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