



'Growing Together'

School Uniform Assistance Application Form

School Clothing Assistance eligibility criteria is as follows:

- Children must have parents / guardians who live in the local area.
- Children must be registered with the Benefits Service and be eligible to receive free school meals.

Part 1: Deta	ls of Parent /	Guard	ian
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Title:	
Your Full Name:	
NI Number:	
Date of Birth:	
Address:	
Tel / Mobile No:	
Email address:	

By supplying us with a phone number or email we can contact you quickly to let you know if you are eligible.

Part 2: Details of each dependent child you are applying for

Surname	First Name	Class	Date of Birth

Part 3: Declaration – please read before you sign it

This is my claim for School Uniform Assistance.

- I declare I am the parent or guardian of the child / children that I am applying for.
- I declare that all the information I have given is correct and complete to the best of my knowledge.
- I am aware that I have a duty to notify Trinity All Saints CE Primary School in writing immediately of any changes in my circumstances which might affect my entitlement to School Uniform Assistance.
- I understand that information taken from this form will be stored electronically on the school's computers. Trinity

All Saints CE Primary School is registered to do this under the General Data Protection Regulations.				
Your Signature	Date			
Please return the completed form to school school office.	l either by email to office@trinity.bradford.sch.uk or by returning to the			
Part 4: What happens next?				
You will be contacted via SchoolPing and/or Vouchers will need to be collected from schoarranged with you. Please note that we are				
	Il let you know by letter and phone to explain why.			
For office use only:				
Eligibility checked Date Checked				
Voucher Issued Voucher Number/s				
Voucher Collected Date Collected	Signature			