

ENFIELD COUNCIL

APPLICATION FOR SCHOOL CLOTHING GRANT 2015/16

Eligibility Criteria:

1. Children must be in **Reception** or **Year 7** in the 2015/2016 academic year. The school clothing grant is only available for children in these year groups and **not** for any other year group.
2. Parents/guardians **must** be in receipt of any of the benefits listed below:
 - Income Support
 - Income-based Job Seekers' Allowance
 - Income-related Employment and Support Allowance
 - Support under Part V1 of the Immigration and Asylum Act 1999
 - The Guaranteed element of State Pension Credit
 - Child Tax Credit **only** with a yearly income, as assessed by HMRC of no more than £16,190.
Please note that if you are in receipt of Working Tax Credit you will not qualify for a grant.
3. The child and parent or guardian **must** live within the area of the borough of Enfield.
4. The child **must** be attending a state maintained school.

IMPORTANT!

To support your application, a photocopy of one of the above benefits must be provided with your completed form. Please provide **all pages** of your benefit letter from **one** of the following:

- A Child Tax Credit award letter from HM Revenue and Customs for the **current tax year 06/04/2015 to 05/04/2016**, (Child tax credit form TC602).
OR
- A letter from the Department for Work and Pensions or Job Centre which must be **less than three months old**. If the letter is **more than three months old**, please also provide an up to date bank statement that shows your name, address and your benefit payments.
OR
- A Pension Credit M1000 award notice showing the guaranteed part of Pension Credit.
OR
- A letter from the National Asylum Support Service (NASS). The letter must be **less than three months old**. The name and address of **all** those receiving help must be shown.

You must also provide a document which shows your child's/children's date of birth. For example a birth certificate, passport, or medical card. **Please provide photocopies only.**

Payment of the Grant:

For the 2015/2016 academic year the grant will be £22 for a **Reception** child and £85 for a **Year 7** child. The grant is a **one off** payment and will be made by BACS directly into a Bank or Building Society account.

When and Where to Apply:

Applications will be accepted from April 2015 onwards; any late applications must be submitted before 31 March 2016. Completed applications can be posted **with photocopies** of your supporting evidence to: **Pupil Benefits, PO Box 56, Civic Centre, Silver Street, Enfield, EN1 3XQ**, or you can bring your form and supporting documents to the Main Reception at the Civic Centre, which is open Monday to Friday between 9.00am and 5.00pm.

Funds for the clothing grant scheme are limited and therefore we cannot guarantee that we can assist every applicant.

For further information or advice, please contact the Pupil Benefits Team on 020 8379 5367.

THIS INFORMATION IS CORRECT AT THE TIME OF GOING TO PRINT AND IS SUBJECT TO CHANGE. UG/03/2015

SCHOOL CLOTHING GRANTS may be paid to parents or guardians whose child/children are in **Reception** or **Year 7** in the **2015/2016 academic year**. This form should be completed by the parent or guardian who is in receipt of any of the benefits listed overleaf. Please complete in **CAPITAL** letters and **ensure that Bank or Building Society account details are printed clearly and correctly.**

PARENT/GUARDIAN DETAILS:

First Name	<input type="text"/>	Surname (Mr/Mrs/Miss/Ms)	<input type="text"/>
National Insurance No.	<input type="text"/>	Date of Birth	<input type="text"/>
Address	<input type="text"/>		
			Post Code
Email Address	<input type="text"/>	Telephone No.	<input type="text"/>

PAYMENT DETAILS:

Account Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Sort Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Building Society Roll Number (where applicable)															

CHILD'S/CHILDREN'S DETAILS:

First Name	Surname	Date of Birth	School Attending from September 2015
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are you in receipt of free school meals for your child/children? Yes No

Please state your relationship to the child/children named above e.g. Mother/Father/Guardian etc.	<input type="text"/>
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DECLARATION TO BE SIGNED BY PARENT OR GUARDIAN (AS APPLICABLE)

I confirm that the information provided in this application is true and complete and undertake to inform the Pupil Benefits Team of any change to my financial circumstances.

I understand that the results of any free school meal eligibility check may be used to assess my entitlement to receive the school clothing grant.

I understand that the Council may use this information to prevent and detect fraud and may share this information with other organisations who deal with public funds.

I understand that I may be prosecuted if I give any false information.

Signed:	<input type="text"/>	Date:	<input type="text"/>
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FOR OFFICE USE ONLY

FSM	ECS	Rec £22	Y7 £85	BACS	CHQ	Signed/Date Approved:	Ref:
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