

**Application for Free School Meals  
and School Clothing Grant**

**Name:**  
**Address:**

Your National Insurance Number:

Relationship to child/children:

Day time contact number:

Please complete all sections of this form and return in the free post envelope provided. If you have more than four children please tell us about them in the 'Additional Information' section provided on the back of this form. Please complete the bank mandate on the reverse of this form to receive your school clothing grant payment.

	Child 1	Child 2	Child 3	Child 4
<b>Surname</b>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
<b>First Name</b>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
<b>Date of Birth</b>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
<b>School</b>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
<b>Class</b>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

I hereby confirm that all information given by me on this form is correct and that I will notify the Benefits Section immediately of any change in my circumstances. Information provided by you on this form is used solely by Aberdeenshire Council for the provision and administration of free school meals / school clothing grants and will only be disclosed where we have your permission to do so or as required by law.

**Signature:**  **Date:**

**Print Name:**

**You must provide proof of income with this application form. This can either be:**

- A letter from the Department of Work and Pensions (DWP) less than three months old confirming the type of benefit and current eligibility. If you receive **Income-based Job Seeker's Allowance**, your letter must state the words **Income-based**.
- or Your Tax Credit Award Notice TC602 from the Inland Revenue
- or Pension Credit Award Notice including assessment pages.
- or Confirmation of current support from the **National Asylum Support Service (NASS)** or a **Social Services Asylum Team**.

## Bank Account details for payment of School Clothing Grant

Name of your Bank/Building Society:

Name of account holder:

Bank/building society address:

  
  
**Postcode**

Bank/Building Society Account Number:

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Bank/Building Society Sort Code:

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## Additional Notes

### Who do I return the application form to?

The application form should be returned to :  
Aberdeenshire Council  
PO Box 18533  
Inverurie  
AB51 5WX

### Who do I contact if I have a query?

If you have a query you can contact the Benefit Section by:

E-mail: [benefits@aberdeenshire.gov.uk](mailto:benefits@aberdeenshire.gov.uk)  
Telephone: 08456 08 01 49

**Additional information:**