



Forename: Parent/Guardian Surname: Parent/Guardian

Address:

Postcode:

Tel Number: National Insurance Number:

I declare that the information provided by me is a correct and I agree that Aberdeenshire Council may check with my Employer / Benefits Agency / Inland Revenue with regards to my income. I agree that should a Grant be awarded to my child / children that it will be used to provide clothing and that I ensure their attendance at school. Information provided by you on this form is used solely by Aberdeenshire Council for the provision and administration of schools clothing grants and will only be disclosed where we have your permission or as required by law.

Signed: Dated:

Part 1
1. Details of child / children attending Primary / Secondary School for whom this application is made:-

Child Name:	<input type="text"/>	D.O.B:	<input type="text"/>	Age:	<input type="text"/>	School:	<input type="text"/>
Child Name:	<input type="text"/>	D.O.B:	<input type="text"/>	Age:	<input type="text"/>	School:	<input type="text"/>
Child Name:	<input type="text"/>	D.O.B:	<input type="text"/>	Age:	<input type="text"/>	School:	<input type="text"/>
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Child Name:	<input type="text"/>	D.O.B:	<input type="text"/>	Age:	<input type="text"/>	School:	<input type="text"/>
Child Name:	<input type="text"/>	D.O.B:	<input type="text"/>	Age:	<input type="text"/>	School:	<input type="text"/>

Details of any other child / children within the family not attending Primary / Secondary School:-

Child Name:	<input type="text"/>	D.O.B:	<input type="text"/>	Age:	<input type="text"/>	Details:	<input type="text"/>
Child Name:	<input type="text"/>	D.O.B:	<input type="text"/>	Age:	<input type="text"/>	Details:	<input type="text"/>
Child Name:	<input type="text"/>	D.O.B:	<input type="text"/>	Age:	<input type="text"/>	Details:	<input type="text"/>
Child Name:	<input type="text"/>	D.O.B:	<input type="text"/>	Age:	<input type="text"/>	Details:	<input type="text"/>
Child Name:	<input type="text"/>	D.O.B:	<input type="text"/>	Age:	<input type="text"/>	Details:	<input type="text"/>

Part 2

Please indicate which of the following you are in receipt of and enclose your proof:-

- Child Tax Credit TC602
- Working Families Tax Credits + Child Tax Credits TC602
- Disabled Persons Tax Credit:
- Income Based Job Seekers:
- Income Support:
- Retirement Pension:
- Widowed Person's Allowance:
- Support under Part VI of the Immigration and Asylum Act 1999.

Part 3 Please delete as appropriate:

The above named child / children are / are not enrolled at this school

Comments by the Head Teacher:

Signed:

Position:

Dated:

Part 4 (Office Use Only)

Granted:

Refused:

Authorised By:

Previous Ref:

Date Stamp: