

School Uniform Application Form

Oldbury Academy has set up a fund so that assistance is given towards the cost of school uniform for those parents/guardians who are eligible for Free School Meals or are registered Pupil Premium students. The information we require below is needed to ascertain your eligibility and will be used shared with Sandwell MBC for the purpose outlined on this form:-

Details of Parent/Guardian:-

Surname :-		First Name:-	
Your Date of Birth:-	/ /	Relationship to Child(ren)	
Home Address:-			
Post Code:-		Telephone Number:-	

National Insurance No:
of Parent/Guardian

<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"/>	THIS MUST BE PROVIDED
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	------------------------------

Details of Child(ren):-

Surname	First Name	Date of Birth	School Currently Attending
		/ /	
		/ /	
		/ /	
		/ /	

Please Be Aware

Your child should already be in receipt of Free School Meals or registered Pupil Premium to be eligible for the fund.

No money will be provided by Oldbury Academy – either vouchers / cheques / or internal school movement. The vouchers can only be used at the stated establishments and not redeemable at any other establishment. The vouchers must be used by the expiry date and can only be used to purchase uniform items from the approved uniform list (not for any other items).

Your Consent

I agree that you will use the information I have provided to process my claim and that we may contact other sources such as Sandwell MBC and Department of Education as allowed to confirm this.

If you do not consent to the above we cannot proceed with your application, so please ensure that you have read and ticked the box before submitting this application form.

Declaration:-

- I agree that you will use this information I have provided to process my claim for uniform assistance and will contact other sources as allowed by the law to verify my initial and on-going entitlement.**

Parent/Guardian Signature: - _____ Date of Application: - _____

Official Use Only

Voucher No's:-		Am't		Date Issued	
----------------	--	------	--	-------------	--