Pembrokeshire County Council

Children and Schools Directorate

Application for Welsh Government Pupil Development Grant - Access



Name of parent or guardian (Mr, Mrs, Ms or Mis	s)
Address	
	Post Code
Telephone number National insurance number	

I receive free school meals for the following child(ren) who are/will be attending Reception, Year 3, Year 7 or Year 10 (during academic year Sept 2019 to July 2020).

Please print clearly and complete the following boxes:-

Name of child(ren)	Date of birth	Name of school	School Year

Please explain below what the application is for:

Item	Cost

We will need to pay your award into your bank account. Please can you supply your account details below:

Name of bank:

Sort code: / /

Account Number:

DECLARATION BY PARENT OR GUARDIAN

I declare that the information given on this form is a correct statement of my circumstances, and that I will use any monies I receive for the purposes I have applied for them for. I understand that Pembrokeshire County Council reserves the right to take suitable action should it be discovered that a false declaration of my circumstances has been made. I also give my consent for the Council to seek any information from other agencies or Council departments to verify my circumstances.

Date

Signature

Please return to Pembrokeshire County Council, Pupil Support, c/o Eve Robinson, County Hall, Haverfordwest, Pembrokeshire SA61 1TP. Telephone number 01437 764551 ext 5813.

Please note that there is no requirement to provide documentary evidence to confirm eligibility.