

# http://pccintranet/picvieworiginal.asp?image_id=5Pembrokeshire County Council

# Children and Schools Directorate

Application for Welsh Government Pupil Development Grant Access- academic

Year 2021/22

Name of parent or guardian (Mr, Mrs, Ms or Miss) ……………………………………………...

Address

Post Code…………………………………..

Telephone number………………………… National insurance number……………….………

Email………………………………………………………………………………………………….

I receive free school meals for the following child(ren) who are/will be attending:

🞏 Reception, Year 1,2,3,4,5 or 6 of maintained primary school from September 2021

🞏 Year 7, 8,9,10 or 11 of maintained secondary schools from September 2021

🞏 This application is for a Looked After Child.

Please print clearly and complete the following boxes:-

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of child(ren)** | **Date of birth** | **Name of school** | **School Year** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

Please explain below what the application is for:

|  |  |
| --- | --- |
| **Item** | **Cost** |
|  |  |
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|  |  |

If you are intending to purchase IT equipment to support remote learning, please provide the additional information below.

🞏 I have requested the loan of IT equipment form school but they are not able to offer any assistance at this time.

🞏 I have not contacted the school regarding IT equipment.

We will need to pay your award into your bank account. Please provide your account details below:

Name of bank:

Sort code: / /

Account Number:

 **(NB: please do not give the 16 digit card 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, Youth Admin, County Hall, Haverfordwest, Pembrokeshire SA61 1TP or email to SUGS@pembrokeshire.gov.uk

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