

Application for Welsh Government School Essentials Grant 2025-2026 For Pupils in Reception, Years 1 to 6 and Years 7 to 11

To be completed by the parent/legal guardian of the child for whom the School Essentials Grant is being claimed.

Name of Applicant: _____ Relation to Pupil: _____

Full Address: _____

Post Code: _____ Contact Telephone Number: _____

Contact Email Address: _____

Please give below the details of the child who is in full time attendance at school

Full Name of Child: _____ Date of Birth: _____

Name of School: _____ School Year: _____
(September 2025) (September 2025)

Is the child living with you? Yes / No

Is the child entitled to free school meals? Yes / No

Is the Child a Looked After Child? Yes / No

If yes, please state the corporate parent (i.e. Local Authority) _____

*A looked after child refers to a child who is looked after by a local authority in Wales, in accordance with section 74 of the Social Services and Well-being (Wales) Act 2014 or England in accordance with Section 22 of the Children Act 1989 at the time the application is submitted.

I am claiming financial assistance towards:-

Please tick

School uniform including coats and shoes

School sports kit including footwear

Uniform for enrichment activities, including but not limited to, scouts, guides, cadets, martial arts, sports, performance arts or dance

Equipment e.g. school bags and stationery

Specialist equipment where new curriculum activities begin such as design and technology

Equipment for out of school hours trips such as outdoor learning e.g. waterproofs

IT equipment - laptops and tablets ONLY

I accept that the results of a free school meal eligibility check will be used to confirm my entitlement to receive a School Essentials Grant for a Reception / Year 1 to Year 6/Year 7 to Year 11 pupil.

Signature of Applicant: _____ **Date:** _____

The School Essentials Grant will be paid directly into your bank account.

Please provide details below.

Please note that we are unable to accept Post Office accounts.

Bank Name:

Account Name:

Sort Code:

<input type="text"/>	<input type="text"/>	—	<input type="text"/>	<input type="text"/>	—	<input type="text"/>	<input type="text"/>
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Account Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FOR OFFICE USE ONLY

FSM Verified	By	From
<input type="text"/>	<input type="text"/>	<input type="text"/>

Closing date for applications is 31st May 2026

Please return completed form to school to be attended