## DfE Finance claim form: small school supplement

|  |
| --- |
| **Name of claimant school:** |
| **Phase:** |  | **Number of Children on roll:** |  |
| **Address:**  |
| **Telephone:**  |  | **Email:** |  |
|  |

Please list the names of all schools in the chain. If you know the name of the MAT, please also include this below:

|  |
| --- |
|  |

Please enter your back account name and address below (this should be your school account and not to the Academy Trust account):

|  |  |
| --- | --- |
| **Bank account name** |  |
| **Sort code** |  |
| **Account number** |  |

### Declaration

This grant is paid subject to the Small Schools Supplement Terrms and Conditions (See accompanying PDF attachment).

I have read the conditions relating to the provision of the grant and I agree to comply with the conditions

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (in capitals) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position \_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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