

## 2020-21 PARENT APPLICATION FORM - DISABILITY ACCESS FUND

SETTING / SCHOOL NAME	
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FULL NAME OF CHILD	DLA Reference Number	DATE OF BIRTH	DLA NOTIFICATION PROVIDED

*I confirm that my child is in receipt of DLA allowance and agree to the above setting claiming the Disability Access Fund for my child, I confirm that I have not authorised any other setting to claim the Disability Access Fund in the financial year 2020/21 and I understand that if my child moves settings the funds will remain at this setting*

Parent Name	
Parent Signature	

Date	
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