



Department of Social Security

HM Government of Gibraltar

Child Welfare Grant – School Declaration

In order to continue with your Child Welfare Grant payments, you must provide us with the following information. **Failure to do so will result in Child Welfare Grant payments being stopped.**

Declaration by Parent or Guardian

I declare that the information I have given below is correct and I understand that if the child leaves school before the date I have given, or if there are any other changes in the circumstances, I will inform the Department of Social Security. Failure to do so may render me liable to legal proceedings.

Name of Children	Date of Birth	Name of School	Please state when will their full-time education finish

Signature of Parent or Guardian

Date