



Queen Elizabeth's Grammar School 2024/25 Supplementary Information Form Free School Meals or Pupil Premium

PART A

In order to understand the application process and by what date forms must be completed, please read the School Admissions Policy 2024-25 and your Local Authority booklet **before** completing this form.

You should only complete this form if:

1. You have named Queen Elizabeth's Grammar School on the Common Application Form **and**
2. Your child is in receipt of Free School Meals (FSM) or Pupil Premium (PP)

You must complete **Part A** of this form and will need to take it to your child's current school in order for them to complete **Part B**.

You then need to return the completed form to **The Admissions Officer, Queen Elizabeth's Grammar School, Abbey Place, Faversham Kent ME13 7BQ by the National Closing Date.**

Forms received after the national closing date will be treated as late applications.

You must also complete the Secondary Common Application Form.

STUDENT DETAILS

Forename: _____

Middle name: _____

Surname: _____

Date of birth: _____

Home address: _____

_____ Postcode: _____

Name of school currently attended:

DETAILS BELOW OF THOSE WITH PARENTAL RESPONSIBILITY:

(please give full names of parents or legal guardians. If parents do not live together, it would be helpful to have both addresses, including postcodes)

Name: _____

Address: _____

_____ Postcode: _____

Mobile No: _____

Email: _____

Name: _____

Address: _____

_____ Postcode: _____

Mobile No: _____

Email: _____

Please read the following declaration carefully and then sign and return the forms as described above.

I confirm that the information I have supplied is true and accurate and I consent to you using the information provided to check my claim for FSM or PP by contacting other sources as allowed by law to verify my entitlement, including the Benefits Agency and that the submission of incorrect information may result in legal action.

Signed: _____ Date: _____



Queen Elizabeth's Grammar School
2024/25

Supplementary Information Form
Free School Meals or Pupil Premium

PART B

To be completed by the student's current school

Student's full name:	
Date of birth:	
Student's UPN:	
I confirm that the student named above is currently in receipt of free school meals	<input type="checkbox"/> Yes <input type="checkbox"/> No
I confirm that the student named above is currently in receipt of pupil premium	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of school currently attended:	
Name of person completing this form:	
Position held in school:	
Email address:	
Signature:	
Date:	
Telephone number:	
School stamp:	

Data Protection: All information supplied will be processed and held by Queen Elizabeth's Grammar School in accordance with our Data Protection Policy and Privacy Notices which are available to view on the school website. Information may be shared with other relevant admission authorities and Government Departments where there is a Legal requirement to do so or for the purpose of validating the child's entitlement to FSM or PP.