



GRAVESEND GRAMMAR SCHOOL
SUPPLEMENTARY FORM FOR PUPIL PREMIUM INFORMATION
 This form is to be completed **only** by parents and carers of children who are eligible for
 Pupil Premium



To assist us in ensuring that places are awarded correctly in accordance with our over-subscription criteria, please complete this form **ONLY** if your child is eligible for Pupil Premium. Please provide any evidence you have to support this claim.

For further information on what evidence is required please contact the school.

Please remember to also fill in a Secondary Common Application form either online via www.kent.gov.uk/ois or by paper SCAF and return to Kent County Council.

CHILD'S DETAILS

FORENAME

SURNAME

DATE OF BIRTH

ADDRESS (This address will be used on all future correspondence unless otherwise notified.)

Postcode

CURRENT SCHOOL

LA

DFE

PARENT / CARER DETAILS

TITLE

FORENAME

SURNAME

RELATIONSHIP TO
CHILD

TELEPHONE NUMBERS

1

2

EMAIL ADDRESS

PRINT NAME

SIGNATURE

**Please return to: GRAVESEND GRAMMAR SCHOOL, CHURCH WALK, GRAVESEND, KENT,
 DA12 2PR
 BY 31ST OCTOBER 2018**