



# Queen Elizabeth's Grammar School 2026/27 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 2026-27 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  
2026/27

Supplementary Information Form  
Free School Meals or Pupil Premium

**PART B**

To be completed by the student's current school

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

**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.