

Borden Grammar School



2027/28 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 2027-2028 and your Local Authority booklet before completing this form.

You should only complete this form if:

1. You have named Borden Grammar School on the Common Application Form
2. Your son 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 son's current school in order for them to complete **Part B**.

You then need to return the completed form to **The Admissions Officer, Borden Grammar School, Avenue of Remembrance, Sittingbourne, Kent ME10 4DB** by 31st October 2026. Forms received after that 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 current school attending: _____

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: _____

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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

Yes

No

I confirm that the student named above is currently in receipt of pupil premium

Yes

No

Name of school currently attending:

Name of person completing this form:

Position held in school:

Email address:

Signature:

Date:

Telephone Number:

School Stamp