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**Supplementary Form for Year 7 Entry September 2025**

***(Please only complete this form if your child is deemed selective and   
(1) has received/is receiving Free School Meals; (2) has a sibling link at the school or (3) has been deemed selective in the Dartford (Kent) 11+ test)***

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| **Student Information** | | |
| **Forename(s):** | | **Date of Birth:** |
| **Surname:** | | |
| **Primary School Name and Address:** |  | |
| **Permanent Home Address:** | | |
| **Parent/Carer (print name in full):** | | |
| **Email Address:** | | |
| **Mobile Number:** | | |

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| **Sibling Link *Oversubscription Criteria 3***  ***- If your son currently has a sibling attending Beths Grammar please give their details below:*** | | | | |
| **Name of sibling:** |  | **Form Group:** |  |

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| --- | --- |
| **Children of Staff *Oversubscription Criteria 4***  ***Applicants with a parent employed by Beths Grammar School on a permanent contract at the time of application*** | |
| **Staff Name:** |  | |

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| **Free School Meals and/or Pupil Premium**  ***Oversubscription Criteria 5*** | | |
| Have you ever been in receipt of Free School Meals for the child named above:  *(Excluding Key Stage 1 where all children are entitled to free school meals)* | **Yes / No\*** |
| **If Yes,** please state the dates Free School Meals applied:  **Please provide a letter from your Local Authority or Primary School confirming the FSM** |  |

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| **Other Grammar School Test**  ***Oversubscription Criteria 8 – Deemed selective in the Kent (Dartford) 11+ test.  Confirmation of this is required.*** | |
| **Selective in the Kent (Dartford) 11+ Test:** | Yes / No\*  Please circle or delete as applicable | |

***All completed Supplementary Forms should be completed and returned to Beths Grammar School by Friday 25 October 2024.***

I understand that if I do not name Beths Grammar School on the CAF (Common Application Form), this Supplementary Form will be invalid and will not register as an application.

I declare that the above information is correct and understand that any false information given may result in my son’s place (if offered) being withdrawn.

Signature: ………………………………………………………………..………………………...……….. Date: …………….…………………………

Print name in full: …………………………………………………………………………………………………………………………………..…………

Relationship to child: ………………………………………………………………………………………….………………..…………………………..

*\*delete as appropriate*