

**Mayfield Grammar School, Gravesend**

**Supplementary Information Form for Free School Meals**

This form is **NOT** a valid application for a place. You must complete a Secondary Common Application Form (SCAF) either online via www.kent.gov.uk or by paper and return to Kent County Council.

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| **Child’s details** |
| Forename(s) |  |
| Surname |  |
| Date of Birth |  |
| Permanent Home Address |  Postcode: |
| Current School |  |

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| --- |
| **Parent/Carer details** |
| Title |  |
| Forename(s) |  |
| Surname |  |
| Telephone Numbers | Home: Mobile: |
| Email Address: |  |
| Print Name: |  |
| Signature: |  |

Is your child currently in receipt of Free School Meals? Yes/No \*please delete as appropriate

If your answer to the above question is “NO” then please DO NOT complete this form.

If Yes please supply the date this first applied \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Please tick to give consent for the Local Authority or your child’s current school to disclose pupil premium eligibility information for the purposes of this school application.

Please return to Main Office by 1st November 2024 marked for the attention of the Office Manager