**CONFIDENTAL**

**RAMSGRANGE COMMUNITY SCHOOL BOOK GRANT SCHEME 2019/2020**

**PLEASE NOTE:**

**IF YOU ARE APPLYING ON BEHALF OF MORE THAN ONE STUDENT, A SEPARATE FORM MUST BE COMPLETED FOR EACH APPLICANT.**

**APPLICATIONS FOR EACH STUDENT HAVE TO BE SUBMITTED ON AN ANNUAL BASIS.**

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is student a New Entrant to Ramsgrange Community School? Yes ( ) No ( )

If **already** attending Ramsgrange Community School, give class for **Sept.** **2019** ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_

Mothers’ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you hold a Currently Valid Medical /GP Card: Yes ( ) No ( ) Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical/GP Card No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry Date: \_\_\_\_\_\_\_\_\_\_ Issuing Authority: \_\_\_\_\_\_\_\_\_\_

Number of **Dependent Children** in Family: \_\_\_\_\_\_\_\_\_\_\_\_\_ (Please give details below)

|  |  |  |
| --- | --- | --- |
| Name of other children | Age | If student , give school & class |
|  |  |  |
|  |  |  |
|  |  |  |

Other relevant information that you feel should be taken into consideration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**If any of your children have previously benefited under the FREE BOOK SCHEME at Ramsgrange Community School, any books no longer required must be returned to the office.**

I the undersigned apply for Free Book Benefit on behalf of the above named pupil and I certify that all information given is true to the best of my knowledge.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**N.B. Closing Date for Applications Friday 31st May 2019**