

CONFIDENTIAL

RAMSGRANGE COMMUNITY SCHOOL BOOK GRANT SCHEME 2024/2025

PLEASE NOTE:

THIS APPLICATION IS FOR SENIOR STUDENTS ONLY. 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: _____

Class for **Sept. 2024** _____

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: _____

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 7th June 2024