

# For Entry to YEAR 7

## Supplementary Information Form (SIF)



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**BRADFORD GIRLS' GRAMMAR SCHOOL**

Co-educational up to 11, Girls only 11-16

**This form should be completed and returned to 'Admissions' at  
Bradford Girls' Grammar School no later than 4pm on 31st October 2023**

### CHILD'S DETAILS

SURNAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

MIDDLE NAME(s): \_\_\_\_\_

**THE HOME ADDRESS IS THE PLACE WHERE SHE LIVES, GOES TO SLEEP AND GOES TO SCHOOL FROM OR  
IN THE CASE OF EQUALLY-SHARED RESIDENCE IS THE ADDRESS AT WHICH THE CHILD IS REGISTERED WITH A GP.**

HOME ADDRESS: \_\_\_\_\_

POSTCODE: \_\_\_\_\_

### CURRENT SCHOOL

NAME OF SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSTCODE: \_\_\_\_\_

### CHILDREN IN PUBLIC CARE

Is the child in public care of a Local Authority? YES  NO

If YES, please state which Local Authority: \_\_\_\_\_

### SPECIAL EDUCATION NEEDS

Does your child have a Statutory Statement of Special Education Needs? YES  NO

### SIBLING(S) CURRENTLY AT THE SCHOOL

Does the child have any brothers or sisters currently at Bradford Girls' Grammar School or Lady Royd?

YES  NO  If YES, please state :

NAME: \_\_\_\_\_ FORM: \_\_\_\_\_

Is the child a twin?

YES  NO  If YES, please provide the name of the other twin:

NAME: \_\_\_\_\_

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### PARENT/CARER

SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_ INITIALS: \_\_\_\_\_

RELATIONSHIP TO CHILD: MOTHER  FATHER  OTHER (please state) \_\_\_\_\_

HOME TEL NO: \_\_\_\_\_ DAYTIME TEL NO: \_\_\_\_\_

MOBILE NO: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

ADDRESS (If different from child's given on page 1):  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
POSTCODE: \_\_\_\_\_

### DECLARATION AND SIGNATURE OF PARENT/CARER

I understand that by submitting this form my daughter will sit the Year 7 Fair Banding Test on:

**Saturday 25th November 2023 from 9.30am to 12.30pm**

I confirm I have parental responsibility for the child named on this Supplementary Information Form (SIF) and that the information given is true to the best of my knowledge and belief.

I understand that any false or deliberately misleading information given on this form and/or supporting papers, or any information withheld may mean that any school place offered may be withdrawn at a future date.

Signature of parent/carer: \_\_\_\_\_ Date: \_\_\_\_\_

Information supplied will be used for requested purposes under the Data Protection Act 1998.

**PLEASE ENSURE YOU RECEIVE A RECEIPT WHEN HANDING IN YOUR SIF  
THIS WILL BE PROOF OF YOUR APPLICATION**

Please return to Admissions:

Bradford Girls' Grammar School, Squire Lane, Bradford, BD9 6RB

OR by email to [admissions@bggs.com](mailto:admissions@bggs.com)



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