

For Entry to YEAR 7

Supplementary Information Form (SIF)



ASPIRE • SUCCEED • LEAD
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 31 October 2025.

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 an Educational Health Care Plan? YES NO

SIBLING(S) CURRENTLY AT THE SCHOOL

Does the child have any sisters currently at Bradford Girls' Grammar School?

YES NO If YES, please state :

NAME: _____ FORM: _____

Multiple Birth

YES NO If YES, please provide the name of the other child/ren:

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

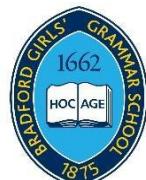
I understand that by submitting this form my daughter will sit the Year 7 Fair Banding Test on:
(THIS DATE IS TO BE CONFIRMED)

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given on this form and/or supporting papers, or any information withheld may mean that any school place offered may be withdrawn at a future date.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



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Please return to Admissions,
Bradford Girls' Grammar School, Squire Lane, Bradford. BD9 6RB.