

Supplementary Information Form for Year 7 entry September 2017



IMPORTANT: This form must be returned to Trinity Academy by Friday 21st October 2016.

In addition to this form you are required to complete and submit a Common Application Form (CAF) to your home borough

Child's details (please complete using BLOCK CAPITAL LETTERS)

Child's forename (s):			
Child's surname:			
Gender:	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	Date of birth:
			Current Primary School:
Unique Pupil Number (UPN): (This will be available upon request from your child's Primary School)			

Parent / Carer with whom the child lives (please complete using BLOCK CAPITAL LETTERS)

Mr / Mrs / Miss / Ms	Forename	Surname	Relationship to child

Home Address:

Postcode:

Borough of Residence:

Is the child under the care of the Local Authority?
(A Looked After Child?)

Yes

No

Has the child ever been in the care of the Local Authority or
was the child adopted from care?

Yes

No

Please give details of any siblings currently attending Trinity Academy:

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Pupil / Service Premium

1) Are you registered as eligible for free school meals or have you been so at any time over the past 6 years?	Yes	No
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2) Is one of the child's parents serving in the regular armed forces, has one of their parents served in the regular armed forces in the last 3 years or has one of their parents died whilst serving in the armed forces?	Yes	No
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If you have answered yes to either question 1 or question 2, then you are eligible to claim preference for admission to Trinity Academy as you qualify for the Pupil Premium/Service Premium. In order to claim this preference please complete the following declaration:

Child's Name: _____

I declare that the above named child will be eligible for the Pupil Premium / Service Premium in the school year beginning September 2015 and I would like to claim preference for admission to Trinity Academy under the provision for preference for applicants qualifying for the Pupil Premium /Service Premium set out in the Trinity Academy Admissions Policy.

I understand that a place can be withdrawn if fraudulent or deliberately misleading information is found to have been supplied in support of an application.

Parent / Carer Signature:

Date:

Parent / Carer signature:..... Parent / Carer name:.....

Parent / Carer contact telephone number:Date:

Email address:

Once completed this form should be returned by Friday 21st October 2016 to:

Admissions Officer, Trinity Academy, 56 Brixton Hill, London SW2 1QS

Email: info@trinityacademylondon.org Tel: 0203 126 4993