

Supplementary Information Form **Year 7 Admission for September 2020**

This form should be completed in full and RETURNED TO THE SCHOOL BY POST by THURSDAY 31st OCTOBER 2019 at the latest.

It is NOT an application form.

Application for a place at this school MUST be made through your Local Authority.

You should only fill in this form if you have Parental Responsibility for the child you are applying for a school place for.

This form must be completed in BLOCK CAPITALS and in BLACK PEN.

Please ensure that you answer every question, as we are unable to process incomplete forms.

You MUST return it to:

Admissions Manager, Chingford Foundation School, Nevin Drive, Chingford, London E4 7LT
or email to j.stuckey@chingford.waltham.sch.uk

You MUST include with the application, the following documents:

- 1) A copy of a document to show **YOUR** home address (e.g. a government produced letter such as Council Tax Bill / Housing Benefit / NHS letter dated within the last 12 months or recent utility bill or bank statement dated within the last 3 months or Driving License) [N.B. a Mobile Phone Bill or Tenancy Agreement is not acceptable.]
- 2) A copy of a document to show your child's date of birth (e.g. Birth Certificate or Passport)
- 3) A copy of a document to show the **CHILD's** home address (e.g. a government produced letter such as Child Benefit or Child Tax Credit dated within the last 12 months or bank statement / Trust fund dated within the last 3 months)
- 4) Any other documents specified within this application

Please note that all data will be processed in accordance with the requirements of the Data Protection Act, the Data Protection Act 2018 and the EU's General Data Protection Regulation (GDPR).

Child Details

First Name

Middle Name(s)

Last Name

Gender – please tick

Male	<input type="checkbox"/>
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Female	<input type="checkbox"/>
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Date of Birth

D	D	M	M	Y	Y	Y	Y
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Address

When did the child move into this address?

D	D	M	M	Y	Y	Y	Y
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Council Tax Number

Please attach current council tax bill/annual statement

Name & Address of Current / Most Recent School

Parent / Guardian Details

Title (e.g. Mr / Mrs / Ms /Miss / Dr / Rev)

First Name

Last Name

Relationship to child

Email address

Home Phone Number

Mobile Number

Address (if different from the Child's address)

If your address is not the same as your child's address, you MUST attach a letter to this application explaining why.

Do you have parental responsibility for the child?

(See Declaration section which follows)

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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Is your child in a private fostering arrangement?

(This is an arrangement between the child's parent and a nominated person, who is not a close family member, and with whom the child has been living for more than 28 days)

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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Is the child in Public Care or Adopted from Care?

(If the child is in public care, this form MUST be completed by their social worker with the name of the local authority included. If the child is adopted from care, you must provide a copy of the Court Order)

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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Does the child currently have any siblings on roll at Chingford Foundation School?

(If yes, you must enter the names of the siblings below)

Yes		No	
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Name of Sibling	Date of Birth	Relationship (e.g. brother, sister, etc.)

Does the child currently have a Parent / Guardian who is currently employed by Chingford Foundation School? *(If yes, you must enter the names of employee below)*

Yes		No	
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Name of Parent / Guardian	Date of Birth	Relationship (e.g. mother, father, etc.)

Declaration

I have attached the supporting documents as required by this form.

I confirm that I have parental responsibility for the child named in this document, and that the information given is correct. I understand that forms are only accepted from a person who is legally responsible for the child and that if the child lives with relatives and not their parents, documents providing legal guardianship must be submitted with this form.

I understand that if I give any false or misleading information or supporting documentation, this supplementary information form will no longer be valid and the school may withdraw the offer of a school place.

I understand that the information I give on this form may be shared with relevant Local Authorities. I also understand that the School may take reasonable steps to confirm the accuracy of the information and documentation supplied by contacting the bodies / parties mentioned therein.

Signed

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Date

D	D	M	M	Y	Y	Y	Y
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