

CONFIDENTIAL - BISHOP LUFFA SCHOOL

**FOUNDATION PLACE
SUPPLEMENTARY INFORMATION FORM**

(PLEASE NOTE THAT IF YOUR CHILD HAS A STATEMENT OF EDUCATIONAL NEED YOU SHOULD DISCUSS THE MATTER OF HIS/HER CHOICE OF SCHOOL DIRECTLY WITH THE LOCAL EDUCATION AUTHORITY IN THE FIRST INSTANCE.)

**Application for secondary transfer into Year 7 September 2012 or *(delete as appropriate)*
Application for In Year admission into Year 7 / 8 / 9 / 10 / 11 (please circle) during academic year 2011-2012**

TO BE COMPLETED IN BLACK INK

Pupil's legal surname:	Legal forename:
Middle name(s):	Chosen name:
Date of birth:	Male / Female (delete as applicable)
Address House name/number:	Street:
Area/village:	Postal Town:
County:	Postcode:
Home Telephone:	Local Authority for this address:

Please give names of parent(s)/guardian(s) **who live at the same address as the pupil**

Surname:	Title:
Forename:	Relationship to pupil:
Does this person have Parental Responsibility?	YES / NO
Daytime telephone:	Mobile telephone:
Email address:	
Surname:	Title:
Forename:	Relationship to pupil:
Does this person have Parental Responsibility?	YES / NO
Daytime telephone:	Mobile telephone:
Email address:	

Pupil's Present School:
Does he/she have any brothers or sisters who will be attending Bishop Luffa School at the time of admission? YES / NO
If so, which Year(s) and House (at time of admission):

Of which Christian denomination, if any, are you a member?	
What Church or Chapel do you attend or are you associated with?	
Are you on your Church's Electoral Roll or its equivalent? YES/NO	
Please give the name and address of your parish priest or minister and ask him/her to send us a completed Church Support Form, under separate cover, to arrive not later than Friday 25th November 2011 (as detailed in section 7.3 of the Admissions Policy 2012).	
Title and Initials:	Surname:
House Name/Number:	Street:
Area/village:	Postal Town:
County:	Postcode:
If you have joined a Church from another Church within the last two years, please give the name and address of your previous parish priest or minister and ask him/her to send us a completed Church Support Form, under separate cover, to arrive not later than Friday 25th November 2011 (as detailed in section 7.3 of the Admissions Policy 2012).	
Title and Initials:	Surname:
House Name/Number:	Street:
Area/village:	Postal Town:
County:	Postcode:

Please add any information briefly which may be relevant to this application. Applicants for Category C places should attach appropriate documentation from a qualified person (usually a doctor or social worker) stating clearly the exceptional reasons why the child should attend Bishop Luffa School.

DOES YOUR CHILD HAVE A CURRENT STATEMENT OF EDUCATIONAL NEED? YES / NO
REMINDER – HAVE YOU ARRANGED FOR A CHURCH SUPPORT FORM TO BE COMPLETED?

Signed: _____ Date: _____

TO BE RETURNED TO THE SCHOOL BY MIDDAY ON 31st OCTOBER 2011
(as detailed in section 7.2 of the Admissions Policy 2012)

To: Mrs Gill Cooper
Admissions Secretary
Bishop Luffa School
Bishop Luffa Close
Chichester
PO19 3LT

FOR OFFICE USE ONLY				
Statement		Distance		
LAC		CSF		
Sibling		Parish 1		
O/PDA		Other		
Date Stamp	Governors:			
	1	2	3	4
	5	6	7	Category