

CONFIDENTIAL - BISHOP LUFFA SCHOOL

FOUNDATION PLACE - SUPPLEMENTARY INFORMATION FORM

(PLEASE NOTE THAT IF YOUR CHILD HAS AN EDUCATION, HEALTH AND CARE PLAN (EHCP) YOU SHOULD DISCUSS THE MATTER OF HIS/HER CHOICE OF SCHOOL DIRECTLY WITH THE LOCAL AUTHORITY IN THE FIRST INSTANCE.)

Application for secondary transfer into Year 7 September 2025 or

(delete as appropriate)

Application for In Year admission into Year 7 / 8 / 9 / 10 / 11 (please circle) during academic year 2025-2026

FOR OFFICE USE ONLY					DATE STAMP			
EHCP		CSF						
CLA/PCLA		Other Faith						
Staff		Church						
Sibling		BLLP						
Category	1	2	3	4	5	6	7	AGREED

TO BE COMPLETED IN BLACK INK

Pupil's legal surname:	Legal forename:
Middle name(s):	Chosen name (if different to legal 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 details of parent(s)/guardian(s) who live at the same address as the pupil

Parent 1	Parent 2
Surname:	Surname:
Forename:	Forename
Relationship to pupil:	Relationship to pupil
Do they have Parental Responsibility? YES / NO	Do they have Parental Responsibility? YES / NO
Daytime telephone:	Daytime telephone:
Mobile telephone:	Mobile telephone:
Email address:	Email address:

Pupil's Present School:	
Is this school part of the Bishop Luffa Learning Partnership (BLLP) Multi Academy Trust?	YES / NO
Does your child have a current Education Health Care Plan?	YES / NO
Is your child 'Looked After' or 'Was previously Looked After'?	YES / NO
Are you a member of staff at Bishop Luffa School who has been employed on a permanent contract for more than 2 years?	YES / NO
Will any brothers or sisters be attending Bishop Luffa School at the time of admission?	YES / NO
If so, which Year(s) and House will the sibling(s) be in at time of admission :	
For Christian applicants: which Christian denomination are you a member of?	
Which Church 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 22 November 2024	
Title and Initials:	Surname:
House Name/Number:	Street:
Area/village:	Postal Town:
Postcode:	Email address:
If you have joined the above 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 22 November 2024	
Title and Initials:	Surname:
House Name/Number:	Street:
Area/village:	Postal Town:
Postcode:	Email address:
For applicants of other World Faiths: which Faith are you a member of?	
Which place of worship do you attend or are you associated with?	
Are you on your place of worship's membership roll or register?	YES / NO
Please give the name and address of your Faith leader and ask him/her to send us evidence of regular engagement with worship and membership of your faith community for at least two years, to arrive not later than Friday 22 November 2024	
Title and Initials:	Surname:
House Name/Number:	Street:
Area/Village:	Postal Town:
Postcode:	Email address:
Please attach if necessary, any information which may be relevant to this application. <i>Applicants for Special Circumstances 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.</i>	
Signed:	Date:
REMINDER – IT IS YOUR RESPONSIBILITY TO ARRANGED FOR A CHURCH SUPPORT FORM TO BE COMPLETED AND FOR ANY SUPPORTING DOCUMENTATION FOR SPECIAL CIRCUMSTANCES TO BE PROVIDED	
TO BE RETURNED TO THE SCHOOL BY 31 OCTOBER 2024 (SECONDARY TRANSFER APPLICATIONS ONLY)	
TO: MRS GILL COOPER, ADMISSIONS, BISHOP LUFFA SCHOOL, WESTGATE, CHICHESTER, PO19 3HP	