# 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 2024 or *(delete as appropriate)***

**Application for In Year admission into Year 7 / 8 / 9 / 10 / 11 (please circle) during academic year 2024-2025**

**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 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 will the sibling be in (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 them to send us a completed Church Support Form, under separate cover, to arrive not later than Friday 24 November 2023** | | | | |
| Title and Initials: | | Surname: | | |
| House Name/Number: | | Street: | | |
| Area/village: | | Postal Town: | | |
| County and 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 them to send us a completed Church Support Form, under separate cover, to arrive not later than Friday 24 November 2023** | | | | |
| Title and Initials: | | Surname: | | |
| House Name/Number: | | Street: | | |
| Area/village: | | Postal Town: | | |
| County and Postcode: | | Email address: | | |
| **Please attach if necessary, any information 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 EHCP?  (section 3.5(7) of the Admissions Arrangements 2024) | | | | YES / NO |
| IS YOUR CHILD ‘LOOKED AFTER’ OR ‘WAS PREVIOUSLY LOOKED AFTER’?  (section 3.5(6) of the Admissions Arrangements 2024) | | | | YES / NO |
| Are you a member of staff at Bishop Luffa School who has been employed on a permanent contract for at least two years? (section 3.5(8) of the Admissions Arrangements 2024) | | | | YES / NO |
| Signed: | Date: | | | |

|  |
| --- |
| ***REMINDER – HAVE YOU ARRANGED FOR A CHURCH SUPPORT FORM TO BE COMPLETED?*** |
| ***TO BE RETURNED TO THE SCHOOL BY 31 OCTOBER 2023 (SECONDARY TRANSFER APPLICATIONS ONLY)*** |
| ***TO: MRS GILL COOPER, ADMISSIONS, BISHOP LUFFA SCHOOL, WESTGATE, CHICHESTER, PO19 3HP*** |
| [***admissions@bishopluffa.org.uk***](mailto:admissions@bishopluffa.org.uk) |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FOR OFFICE USE ONLY** | | | | | **DATE STAMP** | | | |
| EHCP |  | O/PDA |  | |
| CLA/PCLA |  | CSF |  | |
| Staff |  | Parish |  | |
| Sibling |  | Other |  | |
| Category | 1 | 2 | 3 | 4 | 5 | 6 | 7 | AGREED |