

**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	
<b>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</b>	
Title and Initials:	Surname:
House Name/Number:	Street:
Area/village:	Postal Town:
County and Postcode:	Email address:
<b>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</b>	
Title and Initials:	Surname:
House Name/Number:	Street:
Area/village:	Postal Town:
County and Postcode:	Email address:
<b>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.</b>	
<b>DOES YOUR CHILD HAVE A CURRENT EHCP?</b> (section 3.5(7) of the Admissions Arrangements 2024)	<b>YES / NO</b>
<b>IS YOUR CHILD 'LOOKED AFTER' OR 'WAS PREVIOUSLY LOOKED AFTER'?</b> (section 3.5(6) of the Admissions Arrangements 2024)	<b>YES / NO</b>
<b>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)</b>	<b>YES / NO</b>
<b>Signed:</b>	<b>Date:</b>
<b>REMINDER – HAVE YOU ARRANGED FOR A CHURCH SUPPORT FORM TO BE COMPLETED?</b>	
<b>TO BE RETURNED TO THE SCHOOL BY 31 OCTOBER 2023 (SECONDARY TRANSFER APPLICATIONS ONLY)</b>	
<b>TO: MRS GILL COOPER, ADMISSIONS, BISHOP LUFFA SCHOOL, WESTGATE, CHICHESTER, PO19 3HP</b>	
<a href="mailto:admissions@bishopluffa.org.uk">admissions@bishopluffa.org.uk</a>	

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