

Supplementary Information Sheet for admission in September 2025/26 academic year

This additional form is to be completed in addition to the Common Application Form (CAF) from your local authority <u>if</u> you wish your application to be considered under item 2 of the over subscription criteria- 'Children who are eligible <u>for the Pupil Premium'.</u> This form should be returned with your application form to your local authority.

		Please u	se CAPITAL L	ETTERS		
Child's surname					A	
Child's forename(s)					300	
Date of Birth			Pos	t Code	7///	
Address		069/2				
Name of parent						
National Insurance number of parent		rour NI number may be used to check your child's eligibility for Free School Meals)				
Parent declaration		ii number may be	usea to cneck you	ur chila's eli	gibility for Free School Meals)	
day or was previous special guardians If applying due to preeligibility please states School Meals.	thip order.	n current, Free So	chool Meal	adopted o	or became subject of a residence or	
If applying under 'loo	ked after for at le	ast a day or prev	iously looked afte	er' as descri	bed above, please attach evidence of this.	
Signature		100				
Name						
Date						
your child is eligil Current Primary so that the child name	ble for Free So hool- please st d above is curr	hool Meals be	fore you send date this form a	it back to and pass b	ol to stamp and date this form if your local authority. ack to the parent if you can confirm	
Primary school stamp			Signed			
			Name			

Data Protection Act - Information given on this form may be processed electronically and used for administrative purposes in the School and Education Authority.

Date