

THE LEIGH ACADEMY

email: valerie.ludlow@leighacademy.org.uk

SUPPLEMENTARY FORM For entry in September 2019 at age 11+

**PLEASE NOTE: CLOSING DATE FOR APPLICATIONS IS
WEDNESDAY 31ST OCTOBER 2018**

Please read 'The Leigh Academy Admissions Procedure 2019'
before completing this form



Primary School <i>(name only)</i> :				For office use only Band: _____ Receipt No: _____ Initials: _____ Date: _____	
Child's first name(s):					
Child's surname:					
Date of birth:		Age:			Male <input type="checkbox"/> Female <input type="checkbox"/>
Home address:	_____ _____ _____ Post Code: _____				
Home telephone number:					
MOTHER / GUARDIAN <i>(please delete as applicable)</i>					
First name(s):					
Surname: Miss / Ms / Mrs / Dr / Other:					
Daytime telephone number & extension:					
FATHER / GUARDIAN <i>(please delete as applicable)</i>					
First name(s):					
Surname: Mr / Dr/ Other					
Daytime telephone number & extension:					

