

# THE LEIGH ACADEMY

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## SUPPLEMENTARY FORM For entry in September 2018 at age 11+

**PLEASE NOTE: CLOSING DATE FOR APPLICATIONS IS  
TUESDAY 31<sup>ST</sup> OCTOBER 2017**

Please read 'The Leigh Academy Admissions Procedure 2018'  
before completing this form



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

Please record any information about siblings, health, special educational needs or critical needs that should be taken into consideration.

**FAMILY:** Please enter the names of other children in your family who already attend The Academy.

Name(s) of brother(s) and/or sister(s):	Age:	Year Group in Sept 2018

If your child is in Year 11, 12 or 13 please tick to confirm whether they will be attending The Academy in September 2018

YES  NO

(Please note if the child does not attend The Academy in September 2018 there will be no sibling link for the applicant of this form)

Is your child in Public Care?  
Please tick appropriate box

YES  NO

Does your child have an Educational Health Care Plan?  
Please tick appropriate box

YES  NO

PLEASE LIST ANY OTHER INFORMATION WHICH YOU WOULD LIKE US TO BE AWARE OF IN RELATION TO CRITERIA (b) MEDICAL, HEALTH, SOCIAL AND SPECIAL ACCESS REASONS.  
*(Please attach copies of supporting written evidence from a suitable qualified medical or other practitioner)*

I / We declare that the above details are correct and understand that failure to disclose or the giving of false information will result in my child's application being rejected. I also understand that should false information be given in the above details, any subsequent offer will be withdrawn and my child will be given no further consideration for a place at The Leigh Academy. The Leigh Academy reserve the right to request evidence of student's residential address.

I / We agree to The Leigh Academy processing personal data contained in this Application Form and other relevant data which The Leigh Academy may obtain from me / us or other people as part of the Admissions Procedure. I / We agree to the processing of such data for any purposes described above. (This is in accordance with the Data Protection Act 1998.)

Signature(s) of Parents(s)/Guardian(s)

1) \_\_\_\_\_ 2) \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT: PLEASE ENSURE THAT YOU HAVE ALSO COMPLETED AND RETURNED TO KENT YOUR SECONDARY COMMON APPLICATION FORM (SCAF)**

N.B. a) We strongly recommend that you obtain a certificate of posting if you send your form by post. Please enclose a small stamped addressed envelope for confirmation of receipt.

b) In view of the large volume of applications, we cannot accommodate additional supporting evidence, other than Medical, Health, Social and Special Access Reasons.