

SUPPLEMENTARY INFORMATION FORM YEAR 7 ADMISSIONS

THIS IS NOT THE MAIN APPLICATION FORM

To apply to Harris City Academy Crystal Palace the Common Application Form must be completed; this is provided by your Local Authority.

PLEASE REFER TO THE NOTES BELOW BEFORE COMPLETING THIS FORM

IMPORTANT INFORMATION

- This form is **NOT** compulsory.
- It should only be completed if the applicant needs a concession in the assessment (educational, medical or interpreter needs) that the Academy should be aware of before the test day.
- Special arrangements during the test will only be considered if the declaration on page three has been signed by the applicant's SENCO, teacher or medical professional.
- This form should be returned to the Admissions Officer at Harris Academy Crystal Palace by 31st October.
- The admission test will take place during December, please refer to the Academy website <http://www.harriscrystalpalace.org.uk> for the specific dates.
- Details regarding test arrangements will be sent to parent/carers approximately one week before the test date.
- The Common Application Form must be completed online, or returned to the applicant's Local Authority.
- Harris City Academy Crystal Palace's DCSF number is 306 6906.

APPLICANT

Surname:

First Name(s):

Date of Birth: Male/Female:

Home Address:

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Post Code:

Home Telephone No:

Local Authority:

Current School:

PARENT/CARER 1

Title: Surname:

First Name(s):

Date of Birth:

Home Address:

Daytime Telephone Number & Extension:

Email Address:

PARENT/CARER 2

Title: Surname:

First Name(s):

Date of Birth:

Home Address:

Daytime Telephone Number & Extension:

Email Address:

REQUEST FOR EXTRA TIME OF SUPPORT IN THE TEST BECAUSE OF SPECIAL OR MEDICAL NEEDS

Does your child have any issues that you feel would need to be taken into consideration when he/she takes **THE ASSESSMENT** (e.g. epilepsy, hearing problems, slight conditions, problems with reading or writing, including dyslexia, mobility etc). Please specify and add any further information you feel we should be made aware of in the box below:

NB – You should provide medical or other professional evidence to accompany this request.

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PROFESSIONAL DECLARATION

The above information is correct and I confirm that special arrangements should be considered for the applicant on the admissions test day.

SENCO, teacher, medical professional, other (please specify):.....

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Name:

Signature:

INTERPRETER – Will your child require the help of an interpreter in order to complete the Assessment?

Please tick: YES NO

If your answer is YES, it would be helpful if you could advise of the language required.

Language:

**BE AWARE THAT A CHILD CANNOT FAIL THE ASSESSMENT TEST.
NO RETAKES WILL BE ALLOWED.**

*Please note this information will only be taken into consideration for the Assessment procedure.
Your child's application will then be considered under the admissions criteria.*

Does a brother or sister attend Harris City Academy Crystal Palace at present? YES NO

If yes please give name and Tutor Group:

Name:

Tutor Group:

PLEASE ENSURE THAT YOU HAVE COMPLETED THE FOLLOWING BY PLACING A TICK IN THE BOXES BELOW

I have named **Harris City Academy Crystal Palace** on my son's/daughter's Common Application Form.

The applicant's name at the front of this form is **exactly** the same as stated on the Common Application Form.

I have enclosed a copy of my Council Tax bill as proof of address or an original utility bill (dated no later than June of this year)

If I have requested additional time for my son/daughter in the test and I have enclosed **independent medical or professional** evidence as to why extra time is required.

I declare that the above details are correct and understand that failure to disclose or the giving of false information will result in my son's/daughter's application being rejected. **I understand that if I do not name Harris City Academy Crystal Palace on the Common Application Form**, then this application will become invalid. I also understand that should false information be given in the above details, any subsequent offer will be withdrawn and my son/daughter will no longer be considered for a place:

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 Parent(s) / Carers(s):

Date:

Signature(s) of Parent(s) / Carers(s):

Date: