

## 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 made 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.
- The admission test will take place during December, please refer to the Academy website <http://www.harriscrystalpalace.org.uk> for the specific date.
- 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 Academy Crystal Palace's DCSF number is 306 6906.

#### APPLICANT

Surname: \_\_\_\_\_

First Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_ Home Telephone No: \_\_\_\_\_

Local Authority: \_\_\_\_\_

**PARENT/CARER**

Title: \_\_\_\_\_  
Surname: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Daytime Telephone Number & Extension: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**PARENT/CARER**

Title: \_\_\_\_\_  
Surname: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Daytime Telephone Number & Extension: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**REQUEST FOR EXTRA TIME OR 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, sight 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): \_\_\_\_\_

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: \_\_\_\_\_

**PLEASE ENSURE THAT YOU HAVE COMPLETED THE FOLLOWING BY PLACING  
A TICK IN THE BOX 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:

The address on the front of this form is **exactly** the same as 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 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 Harris Federation processing personal data contained in this application form and other relevant data which the 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 Parent(s) / Carers(s): \_\_\_\_\_ Date: \_\_\_\_\_

Signature(s) of Parent(s) / Carers(s): \_\_\_\_\_ Date: \_\_\_\_\_