

SUPPLEMENTARY INFORMATION FORM – CHILDREN OF STAFF

Only to be completed for applications under Criterion 3 – Children of Staff

Applications for priority as a child of a member of staff at an academy must be supported by submission of this form. Once completed, this form must be submitted to the academy office by the national closing date for primary school applications (15th January).

Child's Details	
Child's Surname:	
Child's Forename(s):	
Child's Date of Birth:	
Child's Main Home Address:	
Parent's Details	
Parent's Surname:	
Parent's Forename(s):	
Parent's Email Address:	
Parent's Telephone Number:	
Application Details	
Name of academy for which priority is sought under the children of staff criterion:	
Declaration	
I confirm I am a current member of staff at the academy named above and (please tick as appropriate):	
<input type="checkbox"/> I have been working at the academy for at least two years; or	
<input type="checkbox"/> I meet a skills shortage.	
I understand that the information contained in this form is subject to GDPR (General Data Protection Regulation) and my personal data may be exchanged with the Local Authority, admissions authorities, schools and Government agencies where necessary.	
I understand that the outcome of this request for priority under the children of staff criterion will be on the basis that the information I provide is accurate and correct. I understand that if I submit this form or evidence after the closing date for primary school applications, it may not be considered until after the national offer day.	
I certify that I am the parent of the child named on this form (as defined at note 3 of the Kite Academy Trust Admissions Arrangements) and that the information provided on this form is true and accurate, to the best of my knowledge and belief.	
Signature of Parent/Guardian:	
Print Name:	
Date:	



SUPPLEMENTARY INFORMATION FORM – SOCIAL/MEDICAL NEED

Only to be completed for applications under Criterion 2 – Exceptional Social/Medical Need

Applications for priority on the basis of exceptional social/medical need must be supported by submission of this form.

Recent supporting evidence from relevant registered professional(s) involved with the child must also be submitted with this form, such as a doctor and/or consultant for medical cases or a social worker, health professional, housing officer, the police or probation officer for other social circumstances. All evidence must be on letter headed paper and reflect the child's current situation. The evidence must confirm the circumstances of the case and must set out why the child should attend the preference academy and why no other school could meet the child's needs.

Once completed, this form must be submitted to the academy office by the national closing date for primary school applications (15th January).

Child's Details

Child's Surname:

Child's Forename(s):

Child's Date of Birth:

Child's Main Home Address:

Parent's Details

Parent's Surname:

Parent's Forename(s):

Parent's Home Address:
(if different)

Parent's Email Address:

Parent's Telephone Number:

Application Details

Name of academy for which priority is sought under the exceptional social/medical need criterion:

Please give the particular reasons why the academy named above is the only school that can meet the needs of the child and the

difficulties that would be caused if the child had to attend another school:

Please list all evidence/documents attached in support of your application under the exceptional social/medical need criterion:

Declaration

I understand that the information contained in this form is subject to GDPR (General Data Protection Regulation) and my personal data may be exchanged with the Local Authority, admissions authorities, schools and Government agencies where necessary.

I understand that the outcome of this request for exceptional social/medical priority will be on the basis that the information I provide is accurate and correct and that if any information changes it is my responsibility to inform the Local Authority.

I confirm that all relevant sections have been completed fully and I have supplied all the supporting evidence from the professionals involved to support my application under social and medical grounds.

I understand that if I submit this form or evidence after the closing date for primary school applications, it may not be considered until after the national offer day.

I certify that I have parental responsibility for the child named on this form and that the information provided on this form is true and accurate, to the best of my knowledge and belief.

Signature of Parent/Guardian:

Print Name:

Date:

SUPPLEMENTARY INFORMATION FORM – SIBLINGS

Only to be completed for applications under Criterion 4 – Sibling left Infant Academy within 2 years

Applications for priority relating to a sibling who left Cross Farm Infant Academy or Sandringham Infant & Nursery Academy within two years must be supported by submission of this form. Once completed it must be returned to the academy at which a place is being applied for by the national closing date for primary school applications.

Please note – it is not necessary to complete this form if the child for whom an application is being made will have a sibling at the academy at the time of admission.

Child's Details	
Child's Surname:	
Child's Forename(s):	
Child's Date of Birth:	
Child's Main Home Address:	
Parent's Details	
Parent's Surname:	
Parent's Forename(s):	
Parent's Home Address: <i>(if different)</i>	
Parent's Email Address:	
Parent's Telephone Number:	
Application Details	
Name of academy for which priority is sought:	
Name of sibling who left within last two years:	
Declaration	
<p>I confirm that I have a child who left the academy named above within the last two years of September 2027.</p> <p>I understand that the information contained in this form is subject to GDPR (General Data Protection Regulation) and my personal data may be exchanged with the Local Authority, admissions authorities, schools and Government agencies where necessary.</p> <p>I understand that the outcome of this request for priority will be on the basis that the information I provide is accurate and correct, and that if I submit this form or evidence after the closing date for primary school applications, it may not be considered until after the national offer day.</p> <p>I certify that I have parental responsibility for the child named on this form and that the information provided is true and accurate, to the best of my knowledge and belief.</p>	
Signature of Parent/Guardian:	
Print Name:	
Date:	

