



# Harris Academy Falconwood

Enterprise and Sport

HARRIS ACADEMY FALCONWOOD

## SUPPLEMENTARY FORM

### YEAR 7 ADMISSIONS – SEPTEMBER 2012

**NB – this is not the main application form – to apply you must fill in the Common Application Form available from the Local Authority.**

Please complete this form **ONLY** if you would like your child to be considered for any concessions in the Assessment. The Admissions team will make the decision as to the appropriate concession (e.g. wheelchair access, scribes, larger print etc).

#### PERSONAL

Child's Surname: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Male/Female: (please specify) \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

Borough: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### MOTHER

Mrs, Miss, Ms, Dr: (please specify) \_\_\_\_\_

Surname: (if different from child's) \_\_\_\_\_

First Name: \_\_\_\_\_

Daytime Telephone Number & Extension: \_\_\_\_\_

#### FATHER

Mr, Dr: (please specify) \_\_\_\_\_

Surname: (if different from child's) \_\_\_\_\_

First Name: \_\_\_\_\_

Daytime Telephone Number & Extension: \_\_\_\_\_

**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.**

**INTERPRETER REQUIRED: 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 us in the box below of the language required.**

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.

Please be aware that a child cannot fail the Assessment test so no retakes will be allowed.

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

I have named **Harris Academy Falconwood** 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:

If I have requested additional support for my son/daughter in the test I have enclosed **independent medical or professional evidence** as to why this 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 Academy Falconwood on the Common Application Form**, then this supplementary form will not register as an application. 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) / Carer(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature(s) of Parent(s) / Carer(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_



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