

SUPPLEMENTARY APPLICATION FORM

RETURN THIS FORM TO: BRADFORD ACADEMY, TEASDALE STREET, BRADFORD, BD4 7QJ
Email: info@bradfordacademy.co.uk

Please print in BLOCK CAPITALS and return this form to the Academy by 4.00 pm on Friday October 16th 2009

APPLICANTS DETAILS

Surname:

Forename:

Date of birth:/...../.....

Gender: Male / Female
(please delete as necessary)

Student's address:

Postcode:

Telephone no:

PRESENT SCHOOL

Name of present school:

Please indicate which Local Authority if not Bradford

BROTHER OR SISTER AT BRADFORD ACADEMY

Priority is given to applicants with a brother/sister who will be on the roll of the Academy (Years 7 to 11) in September 2010 Yes No

If 'Yes' which year: Name of pupil:

SPECIAL EDUCATIONAL NEEDS

Statement of Special Educational Needs Yes No

If so, please give details:

SOCIAL OR MEDICAL REASONS Yes No

If so please give details

Governors require a written reference, either an independent professional recommendation from the child's paediatrician/consultant, or a Director of Social Services, Probation, or from the Children and Family Court Advisory and Support Service to judge whether a place will be offered on these grounds

FAITH INFORMATION

Please indicate Christian or other Faith

Place of worship

Attends on average twice a month Yes No

Attached written reference from a religious leader Yes No

Governors require a written Reference to judge whether a place will be offered on these grounds

PARENTS / CARER CONTACT DETAILS

Parent/Carer Name Mr / Mrs / Miss / Ms / Dr

Daytime contact no:

Mobile no: Contact priority:

Email: *(please state 1st, 2nd 3rd)*

Parent 2

Parent/Carer Name Mr / Mrs / Miss / Ms / Dr

Daytime contact no:

Mobile no: Contact priority:

Email: *(please state 1st, 2nd 3rd)*

PLEASE SIGN AND DATE THE DECLARATION BELOW.

I have read a copy of the admissions policy.

I understand that failure to disclose any information, or provision of false information, may result in a place being withdrawn should it be offered.

Parent's/Carer's Signature

Parent's/Carer's name (please print)

Date:/...../.....