

Supplementary Information Form For Year 7 – Entry Sept 2023

Important: This form must be returned to Trinity Academy by Friday 14th October 2022

In addition to this form you are required to complete and submit a Common Application Form (CAF) to your home borough.

STUDENT INFORMATION											
STUDENT DETAILS (In cases of parents living separately but with a shared care arrangement, the child's principal address must be used.)											
Legal Surname: _____											
Legal Forename: _____	Middle Name(s): _____										
Gender: Male Female	Date of Birth (Day/Month/Year): / /										
Address: _____											
_____	Postcode: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 100px;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table>										
PARENT/GUARDIAN DETAILS (1st Priority Contact: This person must have the same address as the student)											
Parent/Guardian Name: Mr/Mrs/Ms/Miss/Dr _____											
Relationship to Student: _____											
Does the student live with this person? Yes No (Please give details of address below)											
Address (if different from student): _____											

Home Phone No. _____	Mobile Phone No. _____										
Email Address: _____											
PARENT/GUARDIAN DETAILS (2nd Priority Contact)											
Parent/Guardian Name: Mr/Mrs/Ms/Miss/Dr _____											
Relationship to Student: _____											
Does the student live with this person? Yes No (Please give details of address below)											
Address (if different from student): _____											

Home Phone No. _____	Mobile Phone No. _____										
Email Address: _____											

Is the child under the care of the Local Authority? (A Looked After Child)	Yes	No
Has your child previously been a Looked After Child? Or was the child adopted from care?	Yes	No
Please give details of any siblings currently attending Trinity Academy:		
PUPIL / SERVICE PREMIUM		
Are you registered as eligible for Free School Meals or have you been so at any time over the past 6 years?	Yes	No
Is either parent/guardian, a member of the British HM Armed Services, Ministry of Defence (MOD) personnel and MOD-sponsored organisations stationed overseas?	Yes	No
<i>If you have answered yes to either question in the Pupil/Service Premium section, then you are eligible to claim preference for admission to Trinity Academy as you qualify for the Pupil Premium. In order to claim this preference please complete the following declaration:</i>		

DECLARATION
DECLARATION AND SIGNATURE OF PARENT / GUARDIAN
<p>Please ensure that you sign below, the Academy cannot update your details unless you do so.</p> <p>Name of parent/guardian: _____</p> <p>I certify that I am the person with parental responsibility for the child named above and that the information given is true to the best of my knowledge and belief.</p> <p>Signed by parent/guardian: _____ Date: _____</p> <p>All data collected will be secured and handled appropriately according to the guidelines of the General Data Protection Regulation 2016 and the Data Protection Act 2018.</p> <p>Once completed this form should be returned by Friday 14th October 2022 to: Admissions Officer, Trinity Academy, 56 Brixton Hill, London SW2 1QS Email: admissions@trinity.futureacademies.org Tel: 020 3126 4993</p>