

Supplementary Information Form For Year 7 – Entry Sept 2024

Important: This from must be returned to Trinity Academy by Friday 20th October 2023

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:			
Current Primary School:			
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 NoMobile Phone No			
Email Address:			
PARENT/GUARDIAN DETAILS (2 nd 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 NoMobile Phone No			
Email Address:			



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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
If you have answered yes to either question in the Pupil/Service Premium se	ction, then you are	eligible to claim
preference for admission to Trinity Academy as you qualify for the Pupil Pren	nium. In order to c	laim this preference
please complete the following declaration:		
DECLARATION		
DECLARATION AND SIGNATURE OF PARENT / GUARDIAN		
Please ensure that you sign below, the Academy cannot update your details	unless you do so.	
Name of parent/guardian:		
I certify that I am the person with parental responsibility for the child name		the information givenis
true to the best of my knowledge and belief.	sa above and that	the information givens
Signed by parent/guardian:	Date:	
All data collected will be secured and handled appropriately according to the Protection Regulation 2016 and the Data Protection Act 2018.	he guidelines of th	e General Data
Once completed this form should be returned by Friday 20 th October 202: Admissions Officer, Trinity Academy, 56 Brixton Hill, London SW2 1QS	3 to:	
Fmail: admissions@trinity.futureacademies.org		

Tel: 020 3126 4993