



THE LEIGH TECHNOLOGY ACADEMY

email: info@leighacademy.org.uk

SUPPLEMENTARY FORM

For entry in September 2010 at age 11+

**PLEASE NOTE: CLOSING DATE FOR APPLICATIONS IS
5.00PM ON FRIDAY 6TH NOVEMBER 2009**

Please read the "Admissions Arrangements for entry to the Academy in September 2010" before completing this form

Primary School <i>(name only):</i>	_____			For office use only Band: _____ _____ Receipt No: _____ Initials: _____ Date: _____	
Child's first name(s):	_____				
Child's surname:	_____				
Date of birth:	_____	Age:	_____		
		Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Home address:	_____ _____ _____ Post Code: _____				
Home telephone number:	_____				
MOTHER / GUARDIAN <i>(please delete as applicable)</i>	_____				
First name(s):	_____				
Surname: Miss / Ms / Mrs / Dr / Other:	_____				
Daytime telephone number & extension:	_____				
FATHER / GUARDIAN <i>(please delete as applicable)</i>	_____				
First name(s):	_____				
Surname: Mr / Dr / Other	_____				
Daytime telephone number & extension:	_____				

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Please record any information about siblings, health, special educational needs or critical needs that should be taken into consideration.

FAMILY: Please enter the names of other children in your family who already attend The Academy.

Name(s) of brother(s) and/or sister(s):	Age:	Year Group in Sept 2010

If your child is in Year 11, 12 or 13 please tick to confirm whether they will be attending the Academy on 1st September 2010.

YES NO

(Please note if the child does not attend The Academy in September 2010 there will be no sibling link for the applicant of this form)

Is your child in Public Care?

Please tick appropriate box

YES NO

Does your child have a Statement of Special Education needs?

Please tick appropriate box

YES NO

PLEASE LIST ANY OTHER INFORMATION WHICH YOU WOULD LIKE US TO BE AWARE OF IN RELATION TO CRITERIA (C) MEDICAL AND SOCIAL NEEDS. *(Please attach copies of supporting professional evidence of any medical/ social conditions)*

I / We declare that the above details are correct and understand that failure to disclose or the giving of false information will result in my child's application being rejected. I also understand that should false information be given in the above details, any subsequent offer will be withdrawn and my child will be given no further consideration for a place at the Academy. The Leigh Technology Academy reserve the right to request evidence of student's residential address.

I / We agree to The Leigh Technology Academy processing personal data contained in this Application Form and other relevant data which the College 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 Parents(s)/Guardian(s)

1) _____ 2) _____

Date: _____ **Date:** _____

IMPORTANT: PLEASE ENSURE THAT YOU HAVE ALSO COMPLETED AND RETURNED TO KENT YOUR SECONDARY COMMON APPLICATION FORM (SCAF)

N.B. a) We strongly **recommend that you obtain a certificate of posting** if you send your form by post. Please enclose a small stamped addressed envelope for confirmation of receipt.

b) In view of the large volume of applications, we cannot accommodate additional supporting evidence, other than Medical & Social needs.