

# CASTLE HILL Academy

A PLATANOS  TRUST SCHOOL

## SUPPLEMENTARY INFORMATION FORM

PLEASE COMPLETE AND RETURN THIS DIRECTLY TO THE SCHOOL

RETURN ADDRESS: Admissions, Castle Hill Academy, Dunley Drive, Croydon, CR0 0RJ

Child's first name:	Child's surname:
Child's date of birth:	Child's gender: Male / Female
Home address:	
Home telephone:	
Borough of residence:	
Child's current school and address (if applicable):	

Name of Parent(s)/Carer(s):		
Mr/Mrs/ Ms/Miss	First Name:	Surname:
	Mobile Telephone:	Work Telephone:
Mr/Mrs/ Ms/Miss	First Name:	Surname:
	Mobile Telephone:	Work Telephone:

Is the child under the care, or have previously been under the care, of the Local Authority? ( <i>A 'Looked After Child'</i> )	No		Yes		If yes, supporting evidence attached ( <i>please tick</i> )	
Is any one of the parent/carer a member of staff at the school?	<b>No</b>		<b>Yes</b>			

Is a sibling (or siblings) currently on roll at the academy's <b>main school</b> or at the <b>nursery</b> ?		
If yes, please <b>CIRCLE</b> one of the above and provide the following information:		
Name of sibling(s):	Class/year group:	Date of birth:

### Declaration

I understand that any false or deliberately misleading information provided in this application may make this application invalid or lead to any offer of a place being withdrawn.

<b>Parent/Carer signature:</b>	<b>Date:</b>
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