

**Supplementary Information Form 2024-2025**

**PLEASE COMPLETE THIS FORM USING CAPITAL LETTERS. THANK YOU**

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| **1.Pupil Details** |
| Legal Forename |  |
| Middle Name(s) |  |  |
| Legal Surname |  |
| Address(Where she normally resides, please note “normally” is more than four nights per week) | Postcode |
| Date of Birth (dd/mm/yyyy) | \_ \_ / \_ \_ / \_ \_ \_ \_ |

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| **2. Supporting evidence for Application Please note section 6a & 6b will also be required to be completed for each category below.** |
| **Are you applying for a place because of:** (you may tick more than one box) | Shape  Description automatically generated with low confidence |
| Child of school staff, please state full name and position of staff member.  | Full Name ……………………………………………………….Position ……………………………………………………….. |
| Siblings in school at the time of admission, please state full name and D.O.B of sibling attending PMGHS.  | Name ………………………….………………………………….D.O.B ……………………………………………………………..  |
| Feeder primary School, child attends The Olive School, Preston. | Headteachers Name ……………………………………….Headteachers signature …………………………………. |
| Special Social/Medical needs, please attach evidence. |  Supporting evidence attached  |

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| **4. Family Details Please complete section below**  |
| Name of Parent/Carer |
| AddressPost Code |
| Telephone Number |
| Email Address |

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| **6a. Please complete sections 6a & 6b WITH the authorised person from Masjid/Madrasah where the Parent/Carer/Child attends.** |
| Name of Place of Worship |  |
| Address | Postcode |
| Telephone number |  |
| Email Address |  |

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| **6b. How has the Parent/Carer/Pupil attended this place of worship (please only tick one box and** **circle appropriately)**  |
| The **Parent/Carer/Pupil** has attended **Daily** for **5 years** leading up to 1st September 2023  | The **Parent/Carer/Pupil** has attended **Daily** for **2 years** leading up to 1st September 2023    | The **Parent/Carer/Pupil** has attended **Weekly** for **2** **years** leading up to 1st September 2023  | The **Parent/Carer/Pupil** has attended **Daily/Weekly** for less than **2 years**leading up to 1st September 2023 |
| Name of Authorised person from place of worship |
| Signature of Authorised person Date |

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| **7. To be completed by minister of religion/faith leader where the child is of other faith other than Muslim** |
| Name of Minister/Leader |  |
| Telephone Number |  |
| Email Address |  |
| **Signed by Minister/Leader** |  |

**It is the responsibility of the Parent/Carer to complete the Supplementary Information Form and return to the school, no later than 31 October 2023.**

**This is in addition to the online application form, that is required to be completed through Lancashire County Council.**