

Education with Patience Modesty Gratitude Humility Sincerity

Supplementary Information Form 2025-2026 PLEASE COMPLETE THIS FORM USING CAPITAL LETTERS. THANK YOU

1.Pupil Details			
Legal Forename			
Middle Name(s)			
Legal Surname			
Address			
(Where she normally resides, please note			
"normally" is more than four nights per	Dootsodo		
week)	Postcode		
Date of Birth (dd/mm/yyyy) /	/		
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)	Y		
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	Name		
PMGHS.			
	D.O.B		
Feeder primary School, child attends The Olive	Handton de an Name		
School, Preston.	Headteachers Name		
	Headteachers signature		
Special Social/Medical needs, please attach			
evidence.			
	Supporting evidence attached		



4. Family Details	4. Family Details Please complete section below			
Name of Parent/Carer	'			
Address		D 1 C 1		
Talanhana Numbar		Post Code		
Telephone Number				
Email Address				
·		uthorised person from Ma	sjid/Madrasah where the	
Parent/Carer/Child attends.				
Name of Place of Worship				
Address				
Postcode				
Telephone number				
Email Address				
Ch. Harribaatha Danast	C/D! -++ + -!-			
	Larer/Pupii attended this	s place of worship (please	only tick one box and	
circle appropriately)	TI D /C /D 'I	TI D I/C /D 'I	TI D / C / D 'I	
The Parent/Carer/Pupil	The Parent/Carer/Pupil	The Parent/Carer/Pupil	The Parent/Carer/Pupil	
has attended Daily for 5 years leading up to 1 st	has attended Daily for 2 years leading up to 1 st	has attended Weekly for 2 years leading up to 1 st	has attended Daily/Weekly for less than 2 years	
September 2024	September 2024	September 2024	leading up to 1 st	
September 2024	September 2024	September 2024	September 2024	
			September 2024	
Name of Authorised person				
from place of worship				
Signature of Authorised person				
Date				
Date				
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 2024.

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

