

**Special Educational Needs** Year 7 Admissions for September

Supplementary Information Form

**NB** - Please only complete this form if your child has a Special Educational Need that requires them to have extra time or additional support in the test. This is not the main application form. You must also fill in the Common Application Form available from the Local Authority.

# Personal

Child’s Surname: Child’s First Name(s): Date of Birth: Male / Female (please specify): Home Address:

Post Code: Home Telephone Number: Borough: Email Address:

# Mother

Mrs / Miss / Ms / Dr (please specify): Surname (if different from child’s):

First Name:

Daytime Telephone Number & Extension:

# Father

Mr / Dr (please specify): Surname (if different from child’s): First Name: Daytime Telephone Number & Extension:

# Request for extra time or support in the test due to special or medical needs

Please complete this section if you would like your son or daughter to be given extra time or other concessions as the admissions team consider to be appropriate e.g. wheelchair access, scribe etc.

**NB** - You should provide medical or other professional evidence to accompany this request.

Does your child have an Educational Health Care Plan? If you are unsure, please consult the primary school.

|  |  |  |  |
| --- | --- | --- | --- |
| Are they on the SEN register for SEN support?If yes, for what is your child on the register: | Yes | No |  |
|  |  |  |  |
| Does your child need support in English as a second language? Is your child dyslexic?Does a brother or sister attend Harris Academy Purley at present?If yes, please give their name and tutor group: | Yes Yes Yes | No No No |  |

PLEASE ENSURE YOU HAVE COMPLETED EACH OF THE FOLLOWING BY PLACING A MARK IN THE CHECKLIST BOXES BELOW

I have named **Harris Academy Purley** on the Common Application Form

The applicant’s name at the top of this form is *exactly* the same as the name on the Common Application Form

The address at the top of this form is *exactly* the same as the address on the Common Application Form

For those requesting extra time in the test - I have enclosed *independent medical*

or *professional evidence* as to why this time is required

I declare that the above details are correct and understand that failure to disclose or the giving of false information will result in my son’s/daughter’s application being rejected.

I understand that if I do not name Harris Academy Purley on the Common Application Form, this application will become invalid. I also understand that should false information be given in the above details, any subsequent offer will be withdrawn and my son/daughter will no longer be considered for a place.

I/We agree to the Harris Federation processing personal data contained in this application form and other relevant data which the Academy 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 of Parent(s) / Carer(s): Date:

Signature of Parent(s) / Carer(s): Date: