**Form AD4: Supplementary Information Form**

**(Pupil Premium)**

This form should be completed for any child who wishes to apply for a place at St Margaret’s on the basis of their entitlement to the Pupil Premium. Such applicants should:

* complete the formsign at **part 5**; and
* return this form to the Admissions Clerk at St Margaret’s Academy by **Tuesday 31st October 2023**.

This form should be read alongside our Admissions Policy (available on our website). Please note that Pupil Premium places are not available for in-year admissions – see Section **25** of our Admissions policy.

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| **Section A: All Applicants** | | | | | | | | | | |
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| **1** | Please give the following information about the child. If s/he lives at more than one address, please refer to our Admissions Policy, which gives details about which address should be given here. | | | | | | | | | |
| Child’s Surname: |  | | | | | | | | |
| Child’s First name(s): |  | | | | | | | | |
| Child’s Date of birth: |  | | | | | | | | |
| Child’s Address:  Postcode: |  | | | | | | | | |
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|  | | | | | | | | | | |
| **2** | Please give the following information about an adult with parental responsibility for the child. If a second adult also has parental responsibility for the child, their details may be given in the second column. | | | | | | | | | |
| Parent’s Surname: |  | | | |  | | | | |
| Parent’s title (Mr/Ms *etc*): |  | | | |  | | | | |
| Parent’s First name(s): |  | | | |  | | | | |
| Parent’s Address: |  | | | |  | | | | |
| Postcode: |  | | |  |  | |  | | |
| Parent’s ’phone numbers: |  | | | | | | | | |
| Daytime/Evening |  | | | |  | | | | |
| Mobile |  | | | |  | | | | |
| Parent’s Email address (optional): |  | | | |  | | | | |
|  | | | | | | | | | | |
| **3** | Is the boy named in question **1** entitled to the Pupil Premium?  ***Please note: we will ask the boy’s current primary school to confirm this.*** | | | | | | **Yes** |  | **No** |  |
|  |  | | | | | |  |  |  |  |
| **4** | Which **Primary school** is this boy currently attending? Please give the **name**, **address**, **e-mail address** and **’phone number**. | | Name: | | | | | | | |
| Address: | | | | | | | |
| Email: | | | Phone: | | | | |

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| **Section B: Parental signature***(to be signed by the parent named in the first column of part 2)*  To be signed **in all cases**. | | | | | | |
|  | | | | | | |
| **5** | I certify that the information above is accurate. | | | | | |
| **Signature:** |  | **Please print name:** |  | **Date:** |  |