

Applicants are not required to complete this Supplementary Information Form or, if answering some sections, are not required to complete all sections.

SUPPLEMENTARY INFORMATION FORM (SIF) WAITING LIST APPLICATION

- This form should be returned to the **Admissions' Secretary** at The Coopers' Company and Coborn School, St. Mary's Lane, Upminster, Essex RM14 3HS.
- An In-Year Common Application Form (ICAF) must also be completed and returned to your Local Authority. If you do not complete that Form, we will not be able to offer a place to your child.

1 CHILDS SURNAME:CHILDS FORENAME:.....

DATE OF BIRTH: YEAR GROUP: MALE FEMALE

ADDRESS:
..... COUNTY:.....

POST CODE: E-MAIL:

HOME TELEPHONE:

DAYTIME TELEPHONE:

TO WHICH AUTHORITY DO YOU PAY YOUR COUNCIL TAX:

2 WHAT IS THE RELIGION OF YOUR FAMILY?

PLACE OF WORSHIP/RELIGIOUS GROUP OR ORGANISATION

SEE NOTES ON ADMISSIONS POLICY

IS THE REQUIRED EVIDENCE ATTACHED? YES NO

3 IS YOUR CHILD LOOKED AFTER, ADOPTED OR SUBJECT TO RESIDENCE OR SPECIAL GUARDIANSHIP ORDERS? (CRITERION 1)

YES NO

4 IT IS IMPORTANT THAT WE KNOW OF ANY EXCEPTIONAL NEED WHICH IS **RELEVANT** TO THIS SCHOOL (CRITERION 2)
(This must be supported by independent professional documentation which must accompany this form.)

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IS THE REQUIRED EVIDENCE ATTACHED? YES NO

5 NAME OF STAFF MEMBER (CRITERION 3)

EMPLOYMENT START DATE.....

6 DOES YOUR CHILD HAVE A SIBLING(s)¹, WHO IS OR HAS ATTENDED THE SCHOOL? (CRITERION 4)

YES NO

IF YES, PLEASE STATE NAME:.....FORM.....DATE OF ATTENDANCE.....

NAME:.....FORM.....DATE OF ATTENDANCE.....

Continued overleaf

¹ A 'sibling' is defined as any child living at the same address and legally identified as a full sister/brother or as a half/step/foster/adopted sibling and is a member of the same family unit. Children whose siblings are current or former students of the School. The sibling(s) must have been admitted through the normal admissions procedure in Year 6 or through an in-year admission, where the parent/guardian(s) applied directly to the school, in Years 7-11.

7 DOES THE APPLICANT HAVE A PARENT(S) WHO IS A FORMER STUDENT OF THE SCHOOL? (CRITERION 5)
YES NO

IF YES, PLEASE STATE THEIR FULL NAME AT SCHOOL.....

RELATIONSHIP TO APPLICANT.....

SCHOOL DATES (Start Date)..... (End Date).....

SHOULD A PLACE BECOME AVAILABLE UNDER THE SPORT/MUSIC APTITUDE CRITERION, WOULD YOU LIKE YOUR CHILD TO BE ASSESSED?

I WISH TO APPLY FOR A PLACE ON THE BASIS OF APTITUDE FOR SPORT

YES NO

I WISH TO APPLY FOR A PLACE ON THE BASIS OF APTITUDE FOR MUSIC

YES NO

IT IS IMPORTANT THAT YOU SUBMIT THIS APPLICATION FORM AND ANY RELEVANT EVIDENCE

DO NOT SEND ORIGINAL OR COPIES OF ACADEMIC OR SPORTS CERTIFICATES OR COMMENDATIONS. THE SCHOOL IS **NOT** PERMITTED TO CONSIDER THESE AND WILL NOT RETURN THEM.

NAME OF PARENT/CARER (*please print*)

SIGNATURE OF PARENT/CARERDATE: