



Great Gaddesden C of E (VA) Primary School

Supplementary Information Form: School Year 2027-28

For entrants to Reception 2027, this must be completed and returned by **15th January 2027**.
For entrants to other year groups for occasional vacancies that may occur, this form should be completed and returned to the school office at the earliest opportunity and it should be kept up to date by letter, email or telephone at the earliest opportunity at the beginning of each successive term.

- Please indicate the criteria under which the application is being submitted.
- Please ensure supporting evidence, if appropriate, is attached to this form when submitted to the school.

Child's Details

Surname:

First name:

Date of Birth:

Male or Female

Address of Family Home (including postcode)

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Date required for admittance:

If attending another school, including pre-school /nursery, please give details:

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Parent/Carer Details

Parent 1

Surname:

First name:

Title:

Contact number:

Email:

Parent 2

Surname:

First name:

Title:

Contact number:

Email:

Criteria

Criteria	Yes	No
<p>1. All 'looked after' children or children who were previously 'looked after' but immediately after being 'looked after' became subject to an adoption, child arrangements or special guardianship order (<i>see section 12 of the Children and Families Act 2014</i>).</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2. Children at the time of admission, who have a sibling attending Great Gaddesden Primary School.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3a. Children who live in the Parish of Great Gaddesden and Nettleden</p> <p>a) parent(s)/guardian(s) have attended services at their parish church or place of worship at least once a month during the previous two years</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3b. Children who live in the Parish of Great Gaddesden and Nettleden</p> <p>b) geographic proximity. Children who do live in the Parish of Great Gaddesden and Nettleden, but do not attend services at their parish church or place of worship.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. All other children</p>	<input type="checkbox"/>	<input type="checkbox"/>

Parent Signature

Signature:	Print name:	Date:
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