

Hockerill Anglo-European College

CONFIDENTIAL

DAY SUPPLEMENTARY INFORMATION FORM

Proposed Entry Date:

1. Pupil's Full Name:			
2. Date of Birth:	Age:	Current Year Group:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
3. Home Address:			
Post Code:		Contact Telephone Number:	
Fax No:		Email Address:	
4. Name and address of present school:			
5. Previous schools with dates of attendance:			
6. Please provide details of any brother or sister who will be on the roll of Hockerill at the time of the proposed admission and living at the same address.			

7. I would like my son / daughter to be considered under Admissions Criterion 3 and to take the Language and Music Aptitude Tests on **19 November 2011** (Year 7 applicants only)

YES

NO

8. If you are applying for your child to be considered under compelling medical grounds, please attach supporting independent evidence from a relevant professional.

9. Parent(s) Surname:

Parent(s) Surname:

Initials:

Initials:

(Mr / Mrs / Miss / Ms /Other- *please specify*)

(Mr / Mrs / Miss / Ms /Other- *please specify*)

10. I am legally responsible for the education of the child named and would like to apply for a day place at Hockerill Anglo-European College.

Signed:

Parent / Guardian

Date

APPLICATIONS FOR YEAR 7 PLACES FOR SEPTEMBER 2012

Parents/carers are requested to complete our Supplementary Information Form and return it to the College office by the closing date for applications. If a Supplementary Information Form is not completed the Governing Body will apply their admission arrangements using the information submitted on the Common Application Form only, which may result in your application being given a lower priority.

Please return completed Supplementary Information Form to:

The Registrar, Hockerill Anglo-European College, Dunmow Road, Bishop's Stortford, CM23 5HX by 31 October 2011

If you would like acknowledgement of receipt of your Supplementary Information Form please enclose a stamped-addressed envelope. Thank you.