

SUPPLEMENTARY INFORMATION FORM APPLICATION FOR A SCHOOL PLACE FOR CHILDREN OF A MEMBER OF STAFF

Please complete the boxes below in printed capitals, following the instructions carefully.

Box 1: Personal Details			
Complete all the details here and then move on to Box 2.			
Full Name of staff member:			
Address:	Mobile No:		
	Home phone:		
Postcode:			
Date appointment at Copleston commenced:			
Proposed date of entry for child(ren) to Copleston:			
Date appointed to fill a vacant post for which there was a skills shortage:			

Box 2: Child's Details			
Complete all the details here and then move on to Box 3.			
Legal Surname:	Legal Forenames:		
Address:			
Postcode			
Date of Birth:	Boy / Girl (Please circle)		

Box 3: Agreement		
I confirm that I have included Copleston High School in the list of schools for which I have applied, on my Local Authority's application form.		
Signature of Parent/Carer:	Date:	
Office use only:		

office use only.			
	Agreed that the member of staff has been employed for two or more years at the time the		
	application for admission to Copleston is made; or		
	Agreed that the appointment was made to fill a vacant post for which there was a skills shortage.		
Signed:		me:	
Posit	ition: Da	te:	