## **ELVEDEN C of E PRIMARY ACADEMY**

Head Teacher Mrs Lorna Rourke



Web Address: www.elveden.suffolk.sch.uk

## Supplementary Information Form 2025/26

This form MUST be used in conjunction with the Suffolk Common Application Form (CAF) and returned to the school in line with the national application deadline of 15th January 2025. It will not be considered to be a valid application unless a CAF has been completed and will not be applied to rankings if returned late.

A separate form should be completed and returned for each Voluntary Aided School applied for.

Please refer to the details of the school's admissions criteria before you apply.

Full name of Child	Date of Birth
Name of Parent/s/Carer/s	
Current permanent address	
Contact Telephone Number/s	
If you wish the Governors to take account of releva Criteria please complete the next section.	nt information for paragraphs 4,5,6 & 7 of the Oversubscription
l/We attend(please give the name of the church and the village/par	
To be completed below by your parish Priest / Vicar / Minister OR previous parish Priest / Vicar / Minister / Faith Leader if new to the area. (If there is currently no Leader in post a senior church officer may sign)	
I can confirm, to the best of my knowledge, that the above information is accurate.	
Signed	Dated
NameI	Position
Address	
If you are a serving member of staff and wish considera	ation to be given please complete this section:
lob title: Date employment started:	

The information collected on this form may be passed to schools or to other Local Authorities as part of the admissions procedure. The information will be passed to the school to which the child concerned is finally allocated, where it will form part of the pupil database maintained by that school. Any personal information you provide will be dealt with in accordance with the requirements of the General Data Protection regulation 2018.

PLEASE RETURN THIS FORM TO: Elveden C of E Primary Academy