

CONFIDENTIAL - RUMBOLDSWHYKE PRIMARY SCHOOL

FOUNDATION PLACE - SUPPLEMENTARY INFORMATION FORM

(PLEASE NOTE THAT IF YOUR CHILD HAS AN EDUCATION, HEALTH AND CARE PLAN (EHCP) YOU SHOULD DISCUSS THE MATTER OF HIS/HER CHOICE OF SCHOOL DIRECTLY WITH THE LOCAL AUTHORITY IN THE FIRST INSTANCE.)

Application for Reception place September 2025 or

(delete as appropriate)

Application for In Year admission into Year 1 / 2 / 3 / 4 (please circle) during academic year 2024-2025

TO BE COMPLETED IN BLACK INK

Pupil's legal surname:	Legal forename:
Middle name(s):	Chosen name (if different to legal name):
Date of birth:	Male / Female (delete as applicable)
Address House name/number:	Street:
Area/village:	Postal Town:
County:	Postcode:
Home Telephone:	Local Authority for this address:

Please give names of parent(s)/guardian(s) **who live at the same address as the pupil**

Surname:	Title:
Forename:	Relationship to pupil:
Does this person have Parental Responsibility? YES / NO	
Daytime telephone:	Mobile telephone:
Email address:	
Surname:	Title:
Forename:	Relationship to pupil:
Does this person have Parental Responsibility? YES / NO	
Daytime telephone:	Mobile telephone:
Email address:	
Pupil's Present School:	
Does he/she have any brothers or sisters who will be attending Rumboldswwhyke Primary School at the time of admission? YES / NO	
If so, which Year Group will the sibling be in (at time of admission):	

Of which Christian denomination, if any, are you a member?								
What Church or Chapel do you attend or are you associated with?								
Are you on your Church's Electoral Roll or its equivalent?						YES/NO		
<i>"In the event that during the period specified for attendance at worship the church has been closed for public worship and has not provided alternative premises for that worship, the requirements of the admissions arrangements in relation to attendance will only apply to the period when the church or alternative premises have been available for public worship".</i>								
Please give the name and address of your parish priest or minister and ask him/her to contact our office directly at admissions@rumboldswyke.org.uk, for the required Church Support Form that must be completed and returned, under separate cover, to arrive no later than 31st January 2025								
Title and Initials:				Surname:				
House Name/Number:				Street:				
Area/village:				Postal Town:				
County and Postcode:				Email address:				
If you have joined the above Church, from another Church, within the last two years, please give the name and address of your previous parish priest or minister and ask him/her to contact our office directly at admissions@rumboldswyke.org.uk, for the required Church Support Form that must be completed and returned, under separate cover, to arrive no later than 31st January 2025								
Title and Initials:				Surname:				
House Name/Number:				Street:				
Area/village:				Postal Town:				
County and Postcode:				Email address:				
Please attach if necessary, any information which may be relevant to this application. <i>Applicants for admission under Criteria 1(b) places should attach appropriate documentation from a qualified person (usually a doctor or social worker) stating clearly the exceptional reasons why the child should attend Rumboldswyke Primary School.</i>								
DOES YOUR CHILD HAVE A CURRENT EHCP? (section 4.1(b) of the Admissions Arrangements 2025)						YES / NO		
IS YOUR CHILD 'LOOKED AFTER' OR 'WAS PREVIOUSLY LOOKED AFTER'? (section 4.1(a) of the Admissions Arrangements 2025)						YES / NO		
Are you a member of staff at Rumboldswyke School who has been employed on a permanent contract for at least two years? (section 4.3 of the Admissions Arrangements 2025)						YES / NO		
Signed:				Date:				
REMINDER – HAVE YOU ARRANGED FOR A CHURCH SUPPORT FORM TO BE COMPLETED?								
TO BE RETURNED TO THE SCHOOL BY 19th January 2025 (RECEPTION APPLICATIONS ONLY)								
TO: RUMBOLDSWHYKE ADMISSIONS, Rumboldswyke CofE Primary School, Rumbolds Close, Chichester, PO19 7UA								
FOR OFFICE USE ONLY					DATE STAMP			
EHCP		O/PDA						
CLA/PCLA/SGO		CSF						
Staff		Parish						
Sibling		Other						
Category	1	2	3	4	5	6	7	AGREED