

Notes for completion of the supplemantary information form (SIF) for CAPA Juniors.

Before completing and returning the supplemantary information form, please note the following:

* Please read the Admissions Policy carefully as this explains the admissions process for the academy.

Check that you have:

* Completed all sections of the form
* Signed and dated the form on page 4
* Allow sufficient time for the form to reach us by the deadline stated; late forms can only be considered after those returned by the deadline.

Ensure you affix the correct postage to the envelope as insufficent postage on the envelope, due to its size or thickness, will delay the form.

Address the envelope “FAO Dawn Hart” and return it to the address shown on the form.

If you wish receipt of your form to be acknowledged please add your email address on the form below.



**FORMS MUST BE RETURNED TO TRINITY ACADEMY CATHEDRAL BY FRIDAY 1st OCTOBER 2021.**

**Please complete the form in BLOCK CAPITALS**

**Applicant’s Full Name:**

**Date of Birth:**

[Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Drawing Tools tab to change the formatting of the pull quote text box.]

[Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Drawing Tools tab to change the formatting of the pull quote text box.]

**Address (including postcode):**

**Home telephone:**

**Mobile number:**

**Current School and Year Group**

**Siblings at Cathedral -** The local authority administers our admissions, as local authorities do for all schools nationally. To ensure no mistakes are made with siblings, please indicate if your child has a brother / sister who will be in Years 7 to 10 in Cathedral in September 2022.

[Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Drawing Tools tab to change the formatting of the pull quote text box.]

Name of students / Year group / Relationship to applicant

*Please note that having a brother or sister at Cathedral does not guarantee a place will be offered.*

**Previous performing arts experience (if any):**

|  |  |
| --- | --- |
|  **Parent/Carer Signature:**[Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Drawing Tools tab to change the formatting of the pull quote text box.]   |     |

**Support during the assessment**

If you think your child may require support during the assessment, please advise us of the type of support below. If you are unsure whether this applies to your child, please ask your child’s primary school. Please attach separate sheets if necessary. This information will be used to ensure that your child can access the assessment and will not be used in any way for selection purposes.

Additionally, for safety purposes, please also advise us of any medical conditions (e.g. asthma, epilepsy) that could occur during the assessment.

Parent/Carer Contact Details

**Parent/Carer Telephone Contact Details:**

[Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Drawing Tools tab to change the formatting of the pull quote text box.]

**Parent/Carer 1 – Full Name**

[Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Drawing Tools tab to change the formatting of the pull quote text box.]

**Relationship to Child (e.g. mother, father, carer etc.)**

[Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Drawing Tools tab to change the formatting of the pull quote text box.]

**Parent/Carer’s Telephone Contact Details:**

[Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Drawing Tools tab to change the formatting of the pull quote text box.]

**Parent/Carer 2 (optional) – Full Name**

[Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Drawing Tools tab to change the formatting of the pull quote text box.]

**Relationship to Child (e.g. mother, father, carer etc)**

[Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Drawing Tools tab to change the formatting of the pull quote text box.]

**PLEASE SIGN AND DATE THE DECLARATION BELOW**

I have received and read the Admissions Guidance documents for the schools for which I am applying.

I understand that failure to disclose any information, or provision of false information, may result in a place being withdrawn should it be offered.

Parent/Carer Signature: ………………………………………………………

Parent/Carer Name (please print): …………………………………………..

Email address (if you wish receipt of your form to be acknowledged):

………………………………………………………………………………………

Date: .……./………. /………

Please return Supplementary Information Forms to the below address:

FAO Dawn Hart – General Administrator

Trinity Academy Cathedral, Thornes Road, Wakefield, WF2 8QF

E-mail: dhart@cathedral.trinitymat.org