

## SUPPLEMENTARY INFORMATION REQUEST FOR ADMISSION - SEPTEMBER 202\_

**1** **NAME OF CHILD** (Please use block letters)

**SURNAME:** \_\_\_\_\_

**Forename(s)** \_\_\_\_\_

**2** **DATE OF BIRTH:** DATE: \_\_\_\_\_ MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_

**Gender:** Male  Female

**3** **NAME OF PARENT/GUARDIAN:** \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone Number - Home \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

**4** **Are you applying for a place because of: (you may tick more than one box)**

Living in local area  Special social/medical needs

Sibling in school

**5** Please give details of any further information you would like us to be aware of in support of your application

---

---

---

---

**6**

**I am happy for the academy to contact me with information about registering a place on the schools reserve list and the appeals procedure.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**I am pleased to support my son/daughter's application to Academy@Worden, Leyland.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT: Please return the completed form to:**

Admissions  
Academy@Worden  
Westfield Drive  
Leyland  
Lancashire  
PR25 1QX

**Email:** admissions@wordenacademy.co.uk

**BY:** 31<sup>st</sup> October 202\_

**DO NOT RETURN THIS SUPPLEMENTARY FORM TO THE LOCAL EDUCATION AUTHORITY.**

**APPLICATION FORMS MUST STILL BE COMPLETED ONLINE IN THE USUAL MANNER VIA THE LOCAL EDUCATION AUTHORITY.**