

# ELVEDEN C of E PRIMARY ACADEMY

Head Teacher  
Mrs Lorna Rourke



Web Address:  
[www.elveden.suffolk.sch.uk](http://www.elveden.suffolk.sch.uk)

## Supplementary Information Form 2024/25

This form MUST be used in conjunction with the Suffolk Common Application Form (CAF). It will not be considered to be a valid application unless a CAF has been completed.

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 relevant information for paragraphs 4,5,6 & 7 of the Oversubscription Criteria please complete the next section.***

I/We attend .....church regularly (at least monthly).  
(please give the name of the church and the village/parish where it is located)

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.....

Name..... Position.....

Address.....

If you are a serving member of staff and wish consideration to be given please complete this section:

Job 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**