Supplementary Information Form for applications to

Sir Robert Hitcham CEVAP School, Debenham

- This form MUST be used in conjunction with the Normal Year of Entry Application Form (CAF1). This is not an application form. Applications for a school place must be made using the online facility at www.suffolk.gov.uk/admissions or by completing a paper application form.

- This form may be completed if ANY of your preferences are for a Church of England Voluntary Aided school – it is not compulsory to complete this form in order to make a valid application, but the information it contains may assist the Governors (as the Admissions Authority) in applying their oversubscription criteria.

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

- Please refer to the details of the School’s admissions criteria before you apply.

N.B. Forms which are altered or which contain incorrect information (e.g. address, date of birth, etc) will be considered invalid and this may prejudice your application.

Full Name of Child .................................................................................................................................

Date of Birth .............................................................................................................................................

Current Permanent Address .......................................................................................................................
If you have changed churches during the past year, please provide details of your previous Parish Priest/Vicar/Minister.

Name ........................................................................................................................................

Address ....................................................................................................................................

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To be completed by your Parish Priest/Vicar/Minister.  
(If there is currently no minister 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 ....................................................................................................................................

The information collected on this form may be passed to schools or to other Local Authority 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 Data Protection Act 1998.

Please return this form to
Sir Robert Hitcham CEVAP School, Debenham, Stowmarket, Suffolk IP14 6PL
By 15 January 2019