



# Supplementary Information Form (SIF)

For Admission September 2024

If you are expressing a preference for a place for your child at an E-ACT Academy **and wish to apply under one of the criterion below**, you should complete this Supplementary Information Form (SIF).

The completed SIF, together with all supporting documentation (see Notes below), should be **returned to the Academy office**.

Remember - **you must also complete an application for a place via the Council**.

**Please complete all sections below:**

|                              |  |
|------------------------------|--|
| <b>Name of Academy:</b>      |  |
| <b>Child's Surname</b>       |  |
| <b>Child's Forename</b>      |  |
| <b>Child's Date of Birth</b> |  |

Please only tick one criterion that you are applying under and to confirm the relevant evidence is attached.

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| <p><b>Criterion: <i>Exceptional and Compelling Medical, Psychological, Social or Special Access, which can only be met at the Academy.</i></b></p> <p>a. Specific recent professional evidence that justifies why only one school can meet a child's individual needs, and/or</p> <p>b. Professional evidence that outlines exceptional family circumstances making clear why only one school can meet the child's needs.</p> <p>c. If the requested school is not the nearest school to the child's home address - clear reasons why the nearest school is not appropriate.</p> <p>d. For medical cases – a clear explanation of why the child's severity of illness or disability makes attendance at a specific school essential. Evidence should make clear why only one school is appropriate.</p> <p>The medical circumstances <b>must</b> relate to the child</p> |  |
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| <p><b>Criterion: <i>Children who at the time of the application are eligible for the Early Years Pupil Premium, the Pupil Premium or the Service Pupil Premium</i></b></p> <p>Provide a letter from your child's current school that you are in receipt of Pupil Premium or in the case of Service Pupil Premium provide the evidence of serving in the regular armed forces or full-time commitment as part of the full-time reserve or one of the child's parents if they died whilst serving in the armed forces and the pupil receives a pension under the Armed Forces Compensation Scheme or the War Pensions Scheme.</p> <p>If your child is not currently in receipt of Pupil Premium, then please complete the details requested below (<i>please note that by completing the details you are giving us permission to check your details on <a href="https://pps.lqfl.org.uk/">https://pps.lqfl.org.uk/</a> on your behalf</i>):</p> <p>Name of claimant in receipt of benefit:</p> <p>Relationship to child:</p> <p>Address of claimant:</p> <p>National Insurance number of claimant:</p> <p>Date of birth of claimant:</p> |  |
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**Criterion: *Children whose parent/carer (as defined in the Notes below) is a member of staff who has either been continuously employed at the Academy for two (2) or more years at the time of application for a place or has been recruited to fill a vacancy for which there is a demonstrable skill shortage or has been re-located to the area at the request of the Trust.***

A letter from the Headteacher to confirm that you have been continuously employed at the Academy for two (2) or more years at the time of application for a place or have been recruited to fill a vacancy for which there is a demonstrable skill shortage or have been re-located to the area at the request of the Trust.

I give permission for the Academy to disclose Exceptional and Compelling Medical, Psychological, Social or Special Access; Pupil Premium eligibility; or confirmation of being a staff member for the purpose of this admissions application, to be shared with the Local Authority that the Academy is in, if my application is accepted on the basis of fulfilling the criterion.

I confirm that the information provided is true and correct and I shall notify the Academy promptly of any relevant changes.

I understand that if a place is obtained on the basis of incorrect/inaccurate information, the offer may be withdrawn.

Parent/Carer Name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please return this form **directly to the Academy**, along with evidence under the criterion you are applying under. The information should be dated no more than 3 months old.

**You must also apply for a school place online with the Council.**

*All information is used only for the purpose of administrating the admissions application for your child. Data is stored securely by the Academy in line with GDPR.*

*You do not have to submit this information, but please be aware that the Academy will not be able to take into account your eligibility under the selected criterion without this.*