



Goffs Academy

RESPECT • CONFIDENCE • ACHIEVEMENT

SUPPLEMENTARY INFORMATION FORM

APPLICATION FOR ADMISSION (Secondary Transfer: September 2019)

Parents who wish to apply for places for their children at Goffs Academy are requested to complete the Goffs Supplementary Information Form and return it to the school office by the closing date for applications. If a Supplementary Application Form is not completed the Board of Trustees will apply their admissions criteria using the information submitted on the HCC Application Form, which may result in your application being given a lower priority.

STUDENT'S SURNAME: _____

STUDENT'S FIRST NAME: _____

DATE OF BIRTH: ____/____/____

SEX: Male/Female
(delete as appropriate)

NAME OF PARENTS/GUARDIANS: _____

ADDRESS: _____

POST CODE: _____

Home Tel. No: _____ Mobile No: _____

Email address: _____ (please print clearly)

Name and Address of Primary School: _____

Please state under which of these criteria you wish the application for your child to be considered (you may state more than one). The admission criteria can be found in the Moving On Booklet. Please tick each box as appropriate:

- 1. Looked After Children as defined by Goffs' admissions policy (proof required)
- 2. Children who can prove that they have a particular medical or social reason why they must go to the school (proof will need to be provided along with the Supplementary Information form as per our Admissions Criteria)
- 3. Children who have an older brother or sister at the school at the time of admission, as defined by Goffs' admissions policy

Name of Sibling	Year

- 4. Children of staff employed by Goffs Academy for 2 years or more, or teaching in a Specialist Subject as defined by Goffs' admissions policy.
- 5. We accept 10% of children through our Language Aptitude Test. If you would like your child to sit the test, please complete a *separate* Language Aptitude Test form and return to the school by **Friday 28th September 2018**
- 6. Attending a named feeder primary school.
- 7. Distance (nearest to school)

I wish to apply for a place at Goffs Academy for my child

Signed: (Parent/Guardian)

Print Name: Date:

Please return this form by **31st October 2018** to:

Mrs Walters, Goffs Academy, Goffs Lane, Cheshunt, Herts, EN7 5QW

If acknowledgement of your application is required please enclose a stamped addressed envelope

NB: You should complete the County Secondary Transfer Form **as well as this form**. The County Secondary Transfer Form must be completed on line or if you are using a hard copy, sent directly to the local admissions team by the date stated in the Moving On Directory.