



# The Stourport High School and VIth Form Centre



## Supplementary Application Form

Student's First Name:	
Student's Middle Names (if applicable):	
Student's Family Name:	
Student's Date of Birth:	
Student's Current School:	

Student Address:

Post Code:

Parent(s) / Guardian(s) address if different from above:

Post Code:

Please describe any **medical, social or compassionate grounds for admission in this box**. The validity of such reasons will be determined by the Governor's Admissions Committee. Parent(s) / Guardian (s) will need to show that attendance at The Stourport High School and VIth Form Centre, as opposed to any other school, is essential and that only The Stourport High School and VIth Form Centre can meet the medical, social or compassionate need of the young person.

Parent(s) / Guardian(s) should detail in this box (and securely attach) any supporting information (e.g. medical or from another appropriate independent source) to this Supplementary Application Form when it is submitted.

**N.B. A student with a statement of Special Educational Needs will be offered a place if The Stourport High School and VIth Form Centre is named in the statement and provided that the Local Authority has observed the proper procedures with regard to its duty to fund such a statement.**

**Please return this form to The Stourport High School and VIth Form Centre by 6<sup>th</sup> November 2009.**