



**Sandringham School Academy Trust
The Ridgeway, St Albans, Hertfordshire AL4 9NX
School Information Form**

Dear Prospective Parent/Carer

If you are seeking a place for your child at Sandringham School using rule 2 (medical) or rule 4 (children of staff), **you must complete this School Information Form (the SIF)**. The SIF must be returned directly to the school.

In addition you must complete the common application form which is available from Hertfordshire County Council at www.hertsdirect.org/admissions

Failure to complete both forms may result in the application not being considered.

Please complete this form and return to Lesley Dunkley, Admissions Officer at Sandringham School, The Ridgeway, St Albans, Herts. AL4 9NX.

E-mail: admissions@sandringham.herts.sch.uk

Tel: 01727 799560

**Alan Gray
Headteacher**

September 2018



SANDRINGHAM SCHOOL ACADEMY TRUST

SCHOOL INFORMATION FORM (SIF)

Your child's permanent home address at the date of application is very important in deciding whether or not a place can be offered, if the school is over-subscribed. The school reserves the right to reject an application and/or withdraw an offer of a place should it be established that false information has been given. Your attention is drawn to the declaration at the end of the application form.

Please refer to Section 3 – Definitions and Details of the Admissions Criteria September 2018 – August 2019 for clarification of the admissions rules.

1. Surname First Name(s).....

2. Permanent Home Address

.....
(if parents are separated/divorced please give address of both parents)

Post Code:

Name and Address of Parent (if address different from above)

Post Code:

3. Date of birth

4. Full name of parent or legal guardian:
(Please delete as appropriate)

5. Home Telephone Number

Day Time Contact Number

6. Present School (Please give address and telephone number)

7. Reason for changing school.....

8. Is this applicant a Child Looked After?..... YES/NO

9. Does the applicant have a statement of special educational needs/EHCP which names the School? YES/NO

10. Does your child have a sibling currently attending this school? YES/NO

If YES Name of sibling: Year of Admission:

11. Does your child have a compelling medical reason for attending Sandringham School? YES/NO

If yes, please supply relevant evidence as outlined in our admissions criteria.

12.a) Are you a member of staff employed at the school for two or more years at the time of application YES/NO

12.b) A member of staff recruited to fill a vacant post.

YES/NO

If yes, please check you satisfy the requirements for rule 4 set out in Section 3 of the admissions criteria.

I declare and confirm that;

- **To the best of my knowledge and belief, all of the information given above is correct, and I understand that if any information proves false, the school may reject this application and/or withdraw an offer of a place.**
- **I undertake to notify the school office forthwith if any information changes before any offer of a place is made.**

I have also completed and submitted an common application form to Hertfordshire County Council.

(Please tick)

PLEASE ENSURE YOU HAVE ANSWERED ALL THE QUESTIONS ABOVE

Signed: Name:
Parent/Carer (please delete as appropriate) (Print)

Date: