



"Striving for Excellence"

# Shirley High School

Performing Arts College

## SUPPLEMENTARY INFORMATION FORM (SIF) IN YEAR - SECONDARY TO SECONDARY

### BLOCK CAPITALS PLEASE

Child's Surname .....  
 First Name(s) .....  
 Date of Birth ..... / ..... / ..... Gender .....  
 Address .....  
 .....  
 ..... Post Code .....  
 Home Tel No .....  
 Email address .....

Full Name of Father or Carer .....  
 Please tick if living at the above address .....  
 Full Name of Mother or Carer (Mrs/Miss/Ms) .....  
 Please tick if living at the above address .....  
 Father's Work / Mobile Nos .....  
 Mother's Work / Mobile Nos .....

### ADMISSION PROCEDURE

Please indicate ☒ below to show which criteria(s) you would like your application to be considered under:

1. Looked After Child (child in public care) ☐
2. Sibling ☐ now go to Section A overleaf
3. Medical Reason ☐ now go to Section B overleaf
4. Geography – (Distance from School) ☐

PTO



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## A. FAMILY CONNECTION WITH THE SCHOOL

**BROTHERS or SISTERS** currently attending Shirley High School.

Name ..... Tutor Group.....

Name ..... Tutor Group.....

## B. MEDICAL REASON

If you are seeking entry to the school for your child on medical grounds, please state the reason. A letter from a registered medical consultant explaining the condition, supporting the reasons for the application and establishing the need for a place at Shirley High School, must also be enclosed with the form.

.....  
 .....  
 .....

## SCHOOL HISTORY

Name of present secondary school: .....

Address and Telephone No of School: .....

.....

Dates at this School: from..... to .....

Name of Previous School: .....

from..... to .....

Please state the reasons for requesting a transfer to Shirley High School for your child:

.....  
 .....

I have also completed the Croydon Council Common Application Form (CAF) ☐ please tick

I confirm that the information that I have provided in support of this application is complete and true and understand that knowingly to make a false statement for this purpose will render my application inadmissible.

Signature of Parent / Carer ..... Date .....

(Please print parent/carers name): .....

When completed, this form should be returned to Admissions, Shirley High School Performing Arts College, at the address overleaf.

If, at any time, there is any change to this information, please notify the school and council immediately.

