



The Stourport High School & VIth Form College

Admissions Policy

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's Address:
Post Code:

Parent(s)/Carer(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)/Carer(s) will need to show that attendance at The Stourport High School & VIth Form College, as opposed to any other school, is essential and that only The Stourport High School & VIth Form College can meet the medical, social or compassionate need of the young person.
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Parent(s)/Carer(s) should provide details in this box (and securely attach) any supporting information (e.g. medical or information 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 or an Education, Health and Care Plan (EHCP) will be offered a place if The Stourport High School & VIth Form College is named in the Statement/EHCP 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 & VIth Form College by 31 October 2017.