



## Supplementary Information Form for Highams Park School

The body of Trustees has responsibility for admissions to the School.  
Please complete the form below as appropriate and return it to the school.

Date			
Surname of Child			
All other names of Child			
Gender	Male / Female	Date of Birth	/ /
Full permanent address of Child Including postcode	Postcode:		
Home Telephone Number			
Current School			
<b>Mother</b> First Name, Surname			
Address	If same as above tick here <input type="checkbox"/>		
Email Address			
Mobile Telephone Number			
<b>Father</b> First Name, Surname			
Address	If same as above tick here <input type="checkbox"/>		
Email Address			
Mobile Telephone Number			
<b>Legal Guardian</b> (if appropriate) First Name, Surname			
Address	If same as above tick here <input type="checkbox"/>		
Email Address			
Mobile Telephone Number			
Brother(s) or sister(s) currently at Highams Park School?	Name: Year Group:		
If yes, name of brother(s) or sister(s), and year group(s)	Name: Year Group:		
	Name: Year Group:		
For all applicants – name, age and present school of other brother(s) and sister(s)	Name:	School:	Age:
	Name:	School:	Age:
	Name:	School:	Age:

When completed, this **Supplementary Information Form ONLY** should be returned to:  
Highams Park School, 34 Handsworth Avenue, Highams Park, London, E4 9PJ.

We are committed to safeguarding the privacy of users who apply to our school and we will only use the information we collect about you lawfully. Our student and parent privacy notices on our website explain how we process your personal data and what personal data is processed.