



Devonport
High School
For Boys

Supplementary Form for In Year Admission 2020/21

Child

Child's last name	
Child's first name(s)	
Child's date of birth	
School attended	

Parent or Carer

Title	
First name(s)	
Surname	
Telephone number	
Mobile number	
Email address	
Relationship to child	

Address of Parent or Carer

Number or house name	
Street	
Area	
Town	
County	
Postcode	
Does the child live with you at this address?	

Please turn over

Does your son currently have any specific access arrangements for formal or external examinations?	If yes, please give details
Please indicate if your son will be eligible for the Pupil Premium (free school meals) at the time of in-year testing.	<p style="text-align: right;">Yes <input type="checkbox"/></p> <p style="text-align: right;">No <input type="checkbox"/></p> <p style="text-align: right;">Please tick as appropriate</p> <p style="text-align: center;">If yes, please also complete part A and part B (below)</p>
Please indicate if your son will be eligible for the Service Premium at the time of in-year testing.	<p style="text-align: right;">Yes <input type="checkbox"/></p> <p style="text-align: right;">No <input type="checkbox"/></p> <p style="text-align: right;">Please tick as appropriate</p> <p style="text-align: center;">If yes, please also complete part A and part B (below)</p>
Signature of parent or carer	
Date	

Please note this is a supplementary information form for administration purposes only and is not an application form.

This form should be returned to the school address.

Admissions, Devonport High School for Boys, Paradise Road, Stoke, Plymouth PL1 5QP

All applicants must also complete and return the Plymouth local authority application form.

All information supplied will be processed and held by Devonport High School for Boys. Information may be shared with Plymouth City Council and other relevant admission authorities.

Pupil Premium or Service Premium

Please also complete part A and part B if your son is eligible for the Pupil Premium or the Service Premium at the time of in-year testing

PART A

To be completed by the parent/carer

Child's full name	
Date of birth	
I confirm my son is registered and in receipt of the pupil premium or service premium at the date of in-year testing	Pupil Premium <input type="checkbox"/> Service Premium <input type="checkbox"/> Please tick as appropriate
Name of school currently attended	
Name of parent/carer	
Relationship to child	
Signature	
Date	

PART B

To be completed by the school attended

Child's full name	
Date of birth	
I confirm that the child named above is registered and in receipt of the pupil premium or service premium at the date of in-year testing.	Pupil Premium <input type="checkbox"/> Service Premium <input type="checkbox"/> Please tick as appropriate
Name of school currently attended	
Name of person completing the form	
Position held in school	
Signature	
Date	
Telephone number	
School stamp	

Data Protection

All information supplied will be processed and held by Devonport High School for Boys. Information may be shared with Plymouth City Council and other relevant admission authorities.