



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>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>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.