

Surname of child

Ofsted
Outstanding
Provider
Chair of

Headteacher: Ms A Fearon BA (Hons) MA NPQH Governors: Mr L Clark

## **SUPPLEMENTARY INFORMATION FORM FOR ADMISSION IN 2025/2026**

This form should be completed when applying for a place at Hazelwick School, **only if you meet the following conditions:** 

• Your child has a parent, step-parent, adoptive parent or carer who is employed by Hazelwick School

PLEASE NOTE: You <u>must</u> also complete and return a Common Application Form (available from and returnable to West Sussex). You can do this online at <u>www.westsussex.gov.uk/admissions</u>

Please complete all sections of the Hazelwick Supplementary Information Form below using BLOCK CAPITALS for handwritten responses. If the form is not completed, applications will be considered only on the basis of information provided to the Local Authority.

Forename(s) of child		
Male or female		
Date of birth		
Child's home address*		
Post Code		
*This should be a residential Authority's database.	property that is the home address alre	ady recorded on the Local
Does your child have a parent, step-parent, adoptive parent or carer who works for Hazelwick School		Yes *
		No
*Full name of parent who wo	rks at Hazelwick School:	
I confirm that I have complet	ed or will complete a Local Authority (	Common Application Form
		Yes No

nust notify Hazelwick School immediately if there is any change to these details and that should any nformation I have given prove false, the Governors may withdraw any offer of a place even if the child has already started school.
ignature Date
Please return this form to Mrs Howland, Hazelwick School, Hazelwick School Close, Three Bridges, Crawley, RH10 1SX or by email to <a href="mailto:thowland@hazelwick.org.uk">thowland@hazelwick.org.uk</a>

I confirm that the information I have given on this form is accurate and truthful. I understand that I