



BEAUFORT PRIMARY SCHOOL



Supplementary Information Form

To be completed for applications under criterion number 4
(Children of Staff)

NAME OF CHILD

Surname _____

Forenames _____

Date of birth _____

I am a member of staff and wish to enrol my child for September 20____ in accordance with Beaufort Primary School's admissions policy. I have been employed by the school for at least two years.

Name _____

Start date at Beaufort Primary School _____

Position at Beaufort Primary School _____

CONTACT DETAILS

Address _____

Home _____ Mobile _____

E-mail _____

Signature _____ Date _____