



SUPPLEMENTARY INFORMATION FORM (SIF) for September 2025 Entry

First Name of Child (IN BLOCK CAPS) :

Surname of Child : (IN BLOCK CAPS) :

Name of Parent/Guardian Mr/Mrs/Ms* (IN BLOCK CAPS) :

**please circle as appropriate*

Address (IN BLOCK CAPS) :

.....Post Code:

E-mail address :

Contact Telephone number(s) Home:

Mobile:

I wish to apply for a place at The Appleton School under the aptitude criteria for learning a Modern Foreign Language. *Please tick* Yes

I understand that my child must be available to take the test in an aptitude for Modern Foreign Languages on either :

Please tick

FRIDAY 20th SEPTEMBER, 2024 at 5.00 pm

or

WEDNESDAY 25th SEPTEMBER, 2024 at 5.00 pm

Does your son/daughter have a sibling already attending The Appleton School?

Please tick Yes No

Signature of Parent/Guardian : Date :

Please return this form to The Exams Officer, The Appleton School by Thursday 19th September 2024 either by post or by email: examsoffice@theappletonschool.org

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