

## ADMISSION 2020/2021 – SUPPLEMENTARY FORM

Son's Name: .....

Full Home Address: .....

Town: ..... Post Code .....

Date of birth: .....

Please put a tick in the relevant box if any of the following statements are correct:

- I have a son who attends Northfleet Technology College at the time of entry   
(Name of son: .....)
  - I have a daughter who attends Northfleet School for Girls at the time of entry   
(Name of daughter: .....)
    - My son has a medical reason, supported by a doctor's certificate, which requires that he attends Northfleet Technology College

I/We confirm that I/we wish my/our son to attend Northfleet Technology College from September 2021.

Signed: ..... (Parent/Carer)

Name: *(please print)* ..... (Parent/Carer)

Date: .....

*If you wish to be kept up-to-date with Newsletters etc., please include your email address*

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Please return to the Ann Walden, Senior Inclusion Officer at Northfleet Technology College, Colyer Road, Northfleet Kent DA11 8BG