



Potters Gate C of E Primary School An Academy in The Good Shepherd Trust

Supplementary Information Form

For completion by applicants under Children of Staff – Criterion 5 (YR) or Criterion 7 (Y3)

Name of Child:
D.o.B:
Name of Parent(s)/Guardian(s):
Date when Parent/Guardian commenced working at Potters Gate C of E Primary School:
Signature of Parent/Guardian:
Date:
To be completed by the Headteacher of Potters Gate CofE Primary School
I confirm thatScription of E Primary School and has done so from the date listed above.
Signature of Headteacher:
Date:

Parent(s)/Guardian(s) are to return this form, by no later than 16th January, 2025 to: The School Office, Potters Gate C of E Primary School, when a receipt will be issued.