



**The Royal School**  
**Crown Aided & Church Aided**  
The Great Park, Windsor, Berkshire, SL4 2HP.

Telephone: 01784 434274  
Email: [office@theroyalschool.org.uk](mailto:office@theroyalschool.org.uk)  
Web: [www.theroyalschool.org.uk](http://www.theroyalschool.org.uk)

Headteacher: Mrs Victoria Harrall

**SCHOOL SUPPLEMENTARY INFORMATION FORM [SIF]**  
**(2024-2025)**

**Please make your Reception Class place application through the Local Authority to whom you pay your Council Tax.**

**Please return this form to The Royal School by Monday 15<sup>th</sup> January 2024**

**PLEASE WRITE IN BLOCK CAPITALS**

CHILD'S SURNAME .....

CHILD'S FIRST NAMES .....

.....

DATE OF BIRTH ..... BOY/GIRL

RELIGION .....

ADDRESS: .....

..... POST CODE: .....

TELEPHONE NUMBER: .....

E-MAIL ADDRESS: .....

IS THE CHILD LOOKED AFTER BY THE LOCAL AUTHORITY? \_\_\_\_\_

DOES THE CHILD HAVE A STATEMENT OF EDUCATIONAL NEEDS? \_\_\_\_\_

e-mail: [office@theroyalschool.org.uk](mailto:office@theroyalschool.org.uk)  
website: [www.theroyalschool.org.uk](http://www.theroyalschool.org.uk)

**P.T.O.**

Loving to Learn, Learning to Love, Guided by God

FAMILY DETAILS	Parent/Carer 1
PARENT / CARER NAME	

Please indicate which Admissions Policy Category Number applies for your child to be considered for admission to The Royal School.

If applying under the sibling category please supply the name and dates of attendance for the sibling below.

SIBLING NAME \_\_\_\_\_ Dates of attendance \_\_\_\_\_

If applying under category 5 please supply the name and address details for the grandparents, and the dates when they resided within the Crown Estate.

GRANDPARENTS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

DATES \_\_\_\_\_

SIGNED..... DATE .....

(Parent /Carer)

*The data on this form will only be used within the school admissions system and will not be divulged to any third party outside the current Data Protection legislation.*