

SUPPLEMENTARY INFORMATION FORM (SIF)

PLEASE COMPLETE AND RETURN THIS DIRECTLY TO THE SCHOOL BY: FRIDAY 31 OCTOBER 2025

RETURN ADDRESS: Admissions, Platanos College, Clapham Road, London, SW9 0AL

Or email: info@platanoscollege.com

Please note you must also submit a Common Application Form (CAF) to your home local authority if you wish to apply for a place at Platanos College.

Childs forename:			Childs surname:								
Childs date of birth: / /		Childs	s gender:	Male []	F	emale				
Home addr	ess:										
			Post	t Code:							
Borough of	residence:		F 03	coue.							
Child's curr	ent school name and address:										
Name of Pa	rent(s)/Carer(s):										
Mr/Mrs/ Ms/Miss	First Name:			Surname:							
,	Mobile number:		Teleph	one:							
	Email address:										
Mr/Mrs/ Ms/Miss	First Name:	Surname:									
	Mobile number:		Teleph	one:	ne:						
	Email address:										
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Is the child under the care, or have previously been under the care, of the Local Authority? (A 'Looked After Child')		No	Ye	s	ev		porting attached ck)	i			
Is any one o	of the parent/carers a member of s	staff at the	e school?	No)		Yes				

ame of sibling(s):	Tutor group:	112±0	Date of birth:			
		Date	טו טוונ	11.		
	Scholarships					
atanos College offers designated pla rt or Music. The school will make sc		-			ent	ial i
Are you applying for an Art or Music	Scholarshin?		Yes		lo	
	1					
f yes, please tick all relevant subject		Music				
child will have the opportunity to play a musical instrument). Please	•			•		
o Supplementary Forms will be acce		t the top of t	his for	<u>m</u> .		
o apply for a Year 7 place, please al				-		Loc
o apply for a Year 7 place, please al uthority. The CAF form is obtained a				-		Loc
				-		Loc
	Declaration ately misleading informat	your Local A	uthori	ty webs	ite.	