Notes for completion of the supplementary form for Dixons City & Dixons Kings academies

Important Information

Parents / carers who wish to apply for a place for their child at Dixons City or Dixons Kings academies need to complete and submit the Dixons supplementary form by **3.30pm on Monday 30 September 2024** to enter their child for the assessment.

Those who wish to apply for a place at Dixons Allerton, Dixons Cottingley, Dixons McMillan, or Dixons Trinity academies do not need to complete this form because those academies do not admit children by fair banding and children do not need to sit an assessment.

Before submitting this form, please take time to read the Admissions Guidance document (provided with this form), as this explains the admissions process and the oversubscription criteria for each of the academies.

Parent / carers who wish to apply for a place at any of the Dixons Academies under the 'Exceptional medical or social need' or 'Children of staff' oversubscription criteria, should follow the instructions in the Admissions Guidance document.

**Please submit only one form (either online or as an e-mail / paper copy)**.  To avoid errors occurring, please do not submit a second form. If you cannot remember if you submitted a form, or if you wish to amend the form, please e-mail:  admissions@dixonsca.com or telephone:  01274 089780 – option 7

The easiest way to complete the form is to complete it online at: [apply.dixonsacademies.com](https://apply.dixonsacademies.com/welcome)

If you wish to return the form in any other way, please note the following:

1. Before submitting the form, please:
* check that you have signed and dated the form on page 3.
* allow sufficient time for the form to reach us by the deadline of **3.30pm on Monday 30 September 2024**. Applications received by the deadline will be considered first.
1. To return this form you can:
* Send this form as a Word or PDF attachment by e-mail to: admissions@dixonsca.com
* Return it in person by either:
	+ - bringing it to the open evenings at the academies: Dixons City Academy, Thursday 19 September 4.15pm – 7.00pm

 Dixons Kings Academy, Wednesday 25 September 4.15pm – 7.00pm

* + - contacting the Admissions & Appeals office to arrange a time: 01274 089780 – option 7
* Post\* the form to:

Admissions, Lewis Building

c/o Dixons City Academy

Ripley Street

Bradford

BD5 7RR

 \* If you are posting the form, this should be sent to the address given above and we strongly recommend using the ‘Signed For’ service at the Post Office to ensure delivery, as we cannot be held responsible for forms that are lost or delayed.

 Every year parents / carers post forms using the standard service and some of them go missing in the post. This means that those parents miss the deadline for applying. By using the ‘Signed For’ service, you can check if your form has been received by entering the reference or tracking number at the webpage:

 <https://www.royalmail.com/track-your-item>

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SUPPLEMENTARY INFORMATION FORM FOR DIXONS CITY & DIXONS KINGS ACADEMIES

*For academy use only*

*Receipt no: Staff initials:*

*Date: Time:*

DEADLINE: 3.30pm on Monday 30 September 2024

Please complete the form in CAPITAL LETTERS. Please see the last page of the form for details of how to return it.

Child’s details

|  |  |
| --- | --- |
| First name: |  |
| Surname: |  |
| Date of birth; please enter as DD/MM/YYYY e.g., 30/01/2014 |  |
| Home address: |  |
|  |
|  |
| Postcode: |  |

|  |
| --- |
| If your child is a twin, a triplet, or has a sibling (brother or sister) in the same year group, please write their full name & date of birth below: |
|  |
| *Note: You will also need to make a separate application for each twin, triplet, or sibling.* |

Dixons Academies

You only need to complete this form once because the same assessment is used for both of these academies. You will need to list each academy separately on the Common Application / Preference Form (CAF / CPF) provided by your local authority. The CAF / CPF can be found via your local authority’s (council’s) website in September.

Please indicate below which of these academies you wish to apply for; if both, please tick ( / ) both boxes:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dixons City |  |  | Dixons Kings |  |

Exceptional social or medical need

Parents / carers who wish to apply for a place under the ‘Exceptional medical or social need’ oversubscription criterion, will need to submit a separate e-mail or letter to the Dixons Admissions office before **31 October 2024.** Details of what to include in that e-mail / letter can be found in the Admissions Guidance document (provided with this form).

Children of Dixons staff

Members of staff who wish to apply for a place under the ‘Children of staff’ oversubscription criterion, need to submit a separate e-mail or letter to the Dixons Admissions office before **31 October 2024**. Details of what to include in that e-mail / letter can be found in the Admissions Guidance document (provided with this form). **Continued overleaf**

Siblings

The local authority administers our admissions as local authorities do for all schools nationally. However, to ensure no mistakes are made with siblings, please indicate if your child has a brother or sister who currently attends the academy you are applying for and who will still be attending the academy on the date of admission.

|  |  |  |
| --- | --- | --- |
| Full name of sibling | Date of birth of sibling | School attending (Dixons City or Dixons Kings only) |
|  |  |  |
|  |  |  |
|  |  |  |

Please note that having a brother / sister in the academy does **not** guarantee a place will be offered as this may depend upon the number of places available in a specific ability band. Please read the oversubscription criteria in the Admissions Guidance document (provided with this form) carefully as this explains which children count under the sibling rule.

Assessment

For all applications received by the deadline, children will be invited to attend for a non-­verbal reasoning assessment on **Saturday 12 October 2024.**

For children unable to attend on the main assessment date, an additional date will be offered. This will either be during the academy holidays, or after school (Monday to Friday only). If your child is not available on Saturday 12 October 2024, please write in the space below the dates between 21/10/2024 and 08/11/2024 when your child will not be available. Your child will then be invited to sit the assessment on a date when they are available. Only complete this box if your child is not available on Saturday 12 October 2024.

|  |
| --- |
| Dates unavailable: |

Please tick ( / ) **one** of the boxes below to indicate your preferred assessment location, and we will try to accommodate your request. If capacity runs out at one of the locations, some children may be allocated an assessment space at the other academy site.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dixons City |  |  | Dixons Kings |  |

Support during the assessment

If your child has educational, medical, or social needs, please write in the space below details of their needs and how this may affect them being able to complete the assessment. A member of staff from the Academy may then contact you or your child’s primary school for further information. If you are unsure whether this applies to your child, please ask the teacher at your child’s primary school.

If this is not applicable to your child, please leave the box blank.

|  |
| --- |
|  |

 **Continued overleaf**

Additionally, for safety purposes, please advise us of any medical conditions (e.g., asthma, epilepsy) that could occur during the assessment.

If this is not applicable to your child, please leave the box blank.

|  |
| --- |
|  |

**Parent’s / Carer’s contact details**

If an e-mail address is provided, an acknowledgement of this application will be sent to that address. If there are any queries regarding the application, we will use this e-mail address to contact you.

|  |  |
| --- | --- |
| Parent / Carer 1 |  |
| Salutation | Mr / Mrs / Miss / Ms (please delete as necessary). If other, please state: |
| First name: |  |
| Surname: |  |
| Relationship to child e.g., father, mother, carer |  |
| Daytime contact number: |  |
| E-mail address: |  |
| Parent / Carer 2 (optional) |  |
| Salutation | Mr / Mrs / Miss / Ms (please delete as necessary). If other, please state: |
| First name: |  |
| Surname: |  |
| Relationship to child e.g., father, mother, carer |  |
| Daytime contact number: |  |
| E-mail address: |  |

Please sign and date below

I have read and understood the Admissions Guidance document (provided with this form) for the school/s I am applying for, and the information given on this form.

I understand that failure to disclose any information, or provision of false information, may result in a place being withdrawn should it be offered.

Please sign and date in the boxes below:

|  |  |  |  |
| --- | --- | --- | --- |
| Parent’s / carer’s name / signature: |  | Date: |  |

 **Continued overleaf**

Performing Arts (Optional)

Performing Arts places – applications for Dixons City Academy only

Up to eighteen of the places at Dixons City Academy can be allocated to children who show a potential for performing arts (drama or music).

The performing arts assessment will comprise of two workshops (one in drama and one in music) and an optional audition in *either* drama or music. Attendance will be for half a day and the date and time to arrive will be advised to you by e-mail / letter in early October.

All children whose applications are received for these places will be required to attend workshops and, if they opt to apply for a chosen specialism, an audition, on either **Thursday 17or Friday 18 October 2024** to be considered for one of these places.

If your child will not be available on these dates (for example, due to a school trip or a medical appointment), please write the dates they are unavailable from and until e.g. 14/10/24 to 18/10/24 in the box below. Wherever possible, we will arrange for an alternative date for them to attend for an audition only, prior to these dates.

|  |
| --- |
|  |

Children will be given a score based on their performance in each element of the workshops and audition (if opted for). Children will be ranked in the order of their total combined scores, with those children who score the highest being ranked from 1 to 18. A reserve list of up to 8 children (who meet the required standard) will then operate should any of those ranked in the top 18 not require a place.

Successful applicants will be offered a Performing Arts place at the Academy eitherfor exceptional aptitude in onearea orfor showing strong aptitude across both areas.

If your child is interested in drama and / or music and would like to apply for a performing arts place, please complete the sections below. If they do not wish to apply, please turn over to the next page.

|  |  |
| --- | --- |
| My child is interested in music and / or drama and wishes to apply for a performing arts place. Please tick ( / ).  |  |

Please indicate their preferred option by ticking ( / ) **one** of the boxes below.

|  |  |
| --- | --- |
| Drama audition |  |
| Music audition |  |
| Workshops only |  |

 **Continued overleaf**

Monitoring Form

This optional form is for the monitoring of applications only and is not used for the purpose of selection.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Child’s gender** – please tick ( / ) |  | Male |  |  | Female |  |

**Child’s ethnic background**. Please tick the box that best describes your child’s ethnic background. Please tick ( / ) one box only.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Asian or Asian British |  |  |  |  |
| Bangladeshi |  |  | Pakistani |  |
| Indian |  |  | Any other Asian background |  |
|  |  |  |  |  |
| Black or Black British |  |  |  |  |
| Black African |  |  | Any other Black background |  |
| Black Caribbean |  |  |  |  |
|  |  |  |  |  |
| Chinese |  |  |  |  |
|  |  |  |  |  |
| Mixed / dual background |  |  |  |  |
| White and Asian |  |  | White and Black Caribbean |  |
| White and Black African |  |  | Any other mixed background |  |
|  |  |  |  |  |
| White background |  |  |  |  |
| White British |  |  | White British Gypsy / Roma |  |
| White Irish |  |  | Any other white background |  |
|  |  |  |  |  |
| Traveller of Irish heritage |  |  |  |  |
|  |  |  |  |  |
| Any other ethnic group |  |  |  |  |

Current school:

|  |  |
| --- | --- |
| Name of primary school: |  |
| Area or postcode: |  |

 **Continued overleaf**

**If you are posting this form, please use the Post Office ‘Signed for’ service and send it to:**

Admissions & Appeals, Lewis Building, c/o Dixons City Academy, Ripley Street, Bradford, BD5 7RR

Send the form as a Word or PDF attachment by e-mail to: admissions@dixonsca.com

If you wish to return the form in person, please either:

* bring it to the open evening at the academy: Dixons City Academy, Thursday 19 September 4.15pm – 7.00pm

 Dixons Kings Academy, Wednesday 25 September 4.15pm – 7.00pm

* contact the Admissions & Appeals office to arrange a time on: 01274 089780 – option 7