

Notes for completion of the assessment SIF for Dixons City & Dixons Kings academies

This form is also available online at: apply.dixonsacademies.com

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 this form by **3.30pm on Wednesday 30 September 2026** 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 also complete an additional application form. These forms can be found on the Admissions page of the academies' websites.

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

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 Wednesday 30 September 2026**.
2. 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
 - contacting the Admissions & Appeals office to arrange a time: 01274 089780 – option 7
 - Post* the form to:
Admissions & Appeals, 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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For academy use only

Receipt no:

Staff initials:

Date:

Time:

SUPPLEMENTARY INFORMATION FORM FOR DIXONS CITY & DIXONS KINGS ACADEMIES

DEADLINE: 3.30pm on Wednesday 30 September 2026

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., 30/01/2015	
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:
<i>Note: You will also need to make a separate application for each twin, triplet, or sibling.</i>

Dixons Academies

You only need to complete this form once because the same assessment is used for both 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	<input type="checkbox"/>	Dixons Kings	<input type="checkbox"/>
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Exceptional social or medical need

Parents / carers who wish to apply for a place under the 'Exceptional medical or social need' oversubscription criterion, will also need to complete the [Exceptional medical or social need](#) application form before **31 October 2026**. This can be found on the Admissions page of the academy's website.

Children of Dixons staff

Parents / carers who wish to apply for a place under the 'Exceptional medical or social need' oversubscription criterion, will need to complete the [Children of staff](#) application form before **31 October 2026**. This can be found on the Admissions page of the academy's website.

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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 an 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 10 October 2026**.

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 10 October 2026, please write in the space below the dates between 19/10/2026 and 13/11/2026 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 10 October 2026. *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	<input type="checkbox"/>
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Dixons Kings	<input type="checkbox"/>
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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.

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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.

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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:	
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Performing Arts (Optional) – please only complete this section if your child wishes to apply for a drama or music place at Dixons City Academy

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).

Children can choose to attend for a solo audition in either drama or music, or a workshop only session which will include group workshops in both drama and music but no solo audition.

All children whose applications are received for these places will be required to attend either an audition or the workshop only session to be considered for a place. These will take place on either **Wednesday 14 or Thursday 15 October 2026**, and correspondence will be sent in early October to advise the attendance date and time.

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. 12/10/26 to 14/10/26 in the box below. Wherever possible, we will arrange for an alternative date for them to attend for an audition only, this will take place prior to the above dates.

Only complete this box if your child is <u>not</u> available on either Wednesday 14 or Thursday 15 October. <i>Dates unavailable:</i>

Children will be given a score based on their performance in either the audition or the workshops. Children will be ranked in the order of their total score, with those children who score highest being ranked from 1 to 18. A reserve list of up to 8 children will then operate should any of those ranked in the top 18 not require a place. If there are insufficient children who demonstrate the required aptitude to qualify for a performing arts place, then fewer than 18 places will be offered. Children who are not offered a performing arts place will still be considered for one of the remaining places, along with all other children.

Scores of 9 and above (out of a maximum of 15) in the solo audition or scores of 20 or above (out of a maximum of 34) in the workshops, are considered as demonstrating the minimum required level of aptitude. 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 (/).	<input type="checkbox"/>
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Please indicate their preferred option by ticking (/) **one** of the boxes below.

Drama audition	<input type="checkbox"/>
Music audition	<input type="checkbox"/>
Workshops only	<input type="checkbox"/>

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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	<input type="checkbox"/>
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Female	<input type="checkbox"/>
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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	<input type="checkbox"/>
Indian	<input type="checkbox"/>

Pakistani	<input type="checkbox"/>
Any other Asian background	<input type="checkbox"/>

Black or Black British

Black African	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>

Any other Black background	<input type="checkbox"/>
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Chinese	<input type="checkbox"/>
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Mixed / dual background

White and Asian	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>

White and Black Caribbean	<input type="checkbox"/>
Any other mixed background	<input type="checkbox"/>

White background

White British	<input type="checkbox"/>
White Irish	<input type="checkbox"/>

White British Gypsy / Roma	<input type="checkbox"/>
Any other white background	<input type="checkbox"/>

Traveller of Irish heritage	<input type="checkbox"/>
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Any other ethnic group	<input type="checkbox"/>
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Current school:

Name of primary school:	
Area or postcode:	

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

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