

IN YEAR APPLICATION FORM FOR BRILL C OF E SCHOOL

CHILD'S DETAILS

First name

Middle name(s)

Legal surname

Sex Male/Female

Date of birth ____/____/____

Normal home address (the address and postcode at which the child normally lives). Please enclose address evidence.

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Postcode

If moving home, please provide the new home address (the address at which the child will be living). Please enclose address evidence.

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Postcode

Name and address of current or most recent school

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Postcode Telephone number

YOUR DETAILS

Name of parent/carer living at home address above

Title First name Surname

Relationship to child

Email address

Daytime telephone number

Mobile telephone number

FURTHER INFORMATION

Date admission required ____/____/____

Does the child have any brothers or sisters attending the school? Yes/No

If 'Yes', please give name of the youngest sibling attending the school

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Does the child have an EHC (Education & Health Care Plan) Yes/No

If 'Yes', which Local Authority maintains this Plan?

Is the child 'looked after' by a Local Authority or was s/he previously 'looked after'? Yes/No

If 'Yes', please provide details.

[Any other questions needed to apply the school's oversubscription rules - eg disability, medical/social needs, previous sibling attendance, etc.]

DECLARATION

- I certify that I have parental responsibility for the child named in Section 1 above and that this application has the agreement of any other parent/carer with parental responsibility for the child.
- I have read the school's admission policy.
- I confirm that the information I have provided is to the best of my knowledge correct and up to date.
- I understand that if I give any false or deliberately misleading information on this form and/or any supporting papers or withhold any relevant information, this may lead to the withdrawal of an offer of a place at the school for my child.
- I authorise the school to contact my child's previous school.

Signature of parent/carer

Date: ____/____/____

Supplementary Information Form attached yes/no (delete as appropriate)