

CHILD'S DETAILS - Please provide full particulars			
Surname:		First name(s):	
Address:			
			Post code:
Main language spoken at home:		Date of birth: / / Day Month Year	
Please confirm that your child resides at the above UK address: <input type="checkbox"/> Yes <input type="checkbox"/> No		Child's current school year group:	

SIBLINGS - Please provide name(s) of brothers and sisters currently attending the College			
Child's name:			
Date of birth: / / Day Month Year	Year group:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Child's name:			
Date of birth: / / Day Month Year	Year group:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

PARENTAL RESPONSIBILITY - Name and details of parent(s) or legal guardian(s)			
Surname:		First Name(s):	
Home phone:		Mobile phone:	
Email address:		Relationship to child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Carer	
Surname:		First Name(s):	
Home phone:		Mobile phone:	
Email address:		Relationship to child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Carer	
Address of legal guardian(s) if different from child:			Post code:

UK SERVICE PERSONNEL – Please indicate	
Are you a member of UK service personnel applying for a place for your child as a result of posting?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SCHOOL - Please provide details and note that in making this application, you agree to contact being made for further information	
What is the name of your child's current or most recent school?	
Is this school in the UK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your child still attending this school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving:
Has your child ever been excluded from school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please provide curriculum details and subjects taught:

EDUCATIONAL HEALTH CARE PLAN - Please indicate	
Does your child have an Educational Health Care Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have any additional educational needs or disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CARE - Children in public care where the College will be the nearest school to the current place of residence	
Is the child considered to be looked after or previously looked after by a Local Authority within the meaning of the Schools Admissions Code 2012? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please state which Local Authority:

REASON FOR APPLICATION – Please state

DECLARATION - I request that my child (named above) be offered a place at College and declare the information provided is correct	
Signed:(Parent/Guardian/Carer)	Date:
The Trust reserves the right to make enquiries to check the accuracy of the information provided above. You are advised that if any of the information proves to be false or misleading in any material way the Trust may (i) withdraw the offer of admission regardless of whether your child has started studying at the College and (ii) pursue their legal rights against you, seeking compensation for loss of expense incurred by the College.	