

Mid-Year Application for St Helena School

You should not remove your child from a school unitl a place has been secured elsewhere

Section 1 - Student Details								
Student Surname								
First Name(s)								
Date of Birth	Year Group	Male / Fema		le				
Current School (or last school attended)								
Town and Postcode of current school								
Is the child still attending? Yes / No	ild still attending? Yes / No		if no, last date of attendance					
If the child is known by another name please add it here								
Section 2 - Home Address								
House Number or name		Street						
Village	Post Town			Postcode				
Email address								
Section 3 - Parent/Carer Details								
Mr/Mrs/Miss/Ms	Initials		Surname					
Relationship to child	Home Phone No.							
Work Phone No.	Mobile Phone No.							
Section 4 - Reasons for Change of School								
Preferred date of admission								
If you are moving into the area, date of move								
New address if different to Section 2 (please attach copies if proof of address (e.g Exchange of Contracts or Signed Tenancy Agreement)								
House Number or name		Street						
Village	Post Town	Postcode						

Have you discussed your child with your child's cur	Yes / No						
Has your child attended any other secondary school ?			Yes / No				
If yes, please give details:							
Name if school (1)			Date of leaving				
Reason for leaving: Moved Home			Permanently Excluded				
Other (please give reason)							
Name if school (2)			Date of leaving				
Reason for leaving: Moved Home			Permanently Excluded				
Other (please give reason)							
Section 5 - Other Details							
Is the child in public care (looked after by a Local Authority?)				Yes / No			
Is your child eligible for Free School Meals?			Yes/No				
Does the child have a statement of Special Educational Needs?			Yes / No				
Are there any exceptional medical reasons why the child should specifically attend this school (in accordance with the school's Admission Policy)? Yes / No							
Is English your child's first language, if NO please specify.							
If 'Yes', please attach supporting evidence from the child's doctor or health care professional.							
Section 6 - Siblings							
	at this school please ente	r their details	below.				
Name Date of Birth							
Section 7 - Other Information							
Section 8 - Declaration							
I have read the notes of guidance for the completion of this form. I confirm that the information I have given is true and that I have parental responsibility for this child.							

Date

Signed

Data Proctection Act 1998: the personal information on this form will be used by St Helena School only and not shared with any third parties.