**Application for In-Year Admission**

**Details of Child**

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| --- | --- |
| **Family name:** |  |
| **First name:** |  |
| **Date of Birth:** |  |
| **Year group applied for:** |  | **Gender:** Male/Female  |

**Details of parent or Carer with whom child lives**

|  |  |
| --- | --- |
| **Parents/Carer Name (1)** |  |
| **Parents/Carer Name (2)** |  |
| **Pupil home address:** |  |
|  |
| **Home telephone number:** |  | **Mobile telephone** **number:** |
| **Parent/Carer** **Email address:** |  |

**Details of Current School/ Previous School**

|  |  |
| --- | --- |
| **Current school and address:** |  |
|  |
| **Dates of Attendance** |  |
| **Reason for leaving:** |  |
| **Previous school (s) including primary school (please provide dates):** |  |

**Has your child been permanently excluded from school: Yes/No**

**If yes please state name(s) of school(s)**

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Date(s) and reason(s) for exclusion(s) \_\_\_/\_\_\_/\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_

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**Will the child need help in school with English language? Yes/No**

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If so, what is their home language?

**In School, which language would they prefer to study? French or Spanish**

If your child already has a brother or sister attending any of the Saint Cecilia’s Church of England School please give details below.

|  |  |
| --- | --- |
| Family Name  |  |
| First Name  |  |
| Date of birth | Boy Girl (please tick)  |
| School |  |
| Family Name |  |
| First Name |  |
| Date of birth | Boy Girl (please tick) |
| School |  |

**Reasons for application to attend Saint Cecilia’s Church of England School**

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**Is your child interested in Saint Cecilia’s Music Scholars program? Yes/No**

**Does your child have Special Educational Needs? Yes/No**

*(if yes please provide details below along with any supporting documentation)*

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**Foundation place applicants should fill in this section**

**The following section is only to be completed by parents/guardians applying for a Foundation place.** In order to be eligible for a Foundation place, the child must have attended a Christian church which is either a full member of “Churches Together in England”, The Evangelical Alliance, The Federation of Independent Evangelical Churches, The Association of Grace Baptist Churches, or Affinity at least twice a month for two years.

**Details of Minister of your church**

|  |  |
| --- | --- |
| Name of your church |  |
| Minister’s name |  |
| Church address |  |
| Minister’s address (if different from above) |  |
| Minister’s telephone number |  |
| Minister’s email address |  |

**Declaration and signature of parent/carer**

• I certify that I am the person with parental responsibility for the child named on this form and that the Information given is true to the best of my knowledge and belief.

• I understand that any false or deliberately misleading information given on this form and/or in Supporting information may render this application invalid, or lead to the offer of a place being withdrawn.

• I confirm that the address provided on this form is my **child’s only permanent residence**.

**Parent’s/Carer’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 ***(Please Print)***

**Parent’s/Carer’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 *\* Please note any information provided will* ***not*** *be used to decide whether a place can be offered at the school.*