

Application for a School Place In-Year

This form should be completed if you are applying for a school place outside the main admission round.

The student's parent/guardian should complete this form in BLOCK CAPITALS, using black ink, and sign the declaration overleaf.

NB: If your child has a Statement of Educational Needs or Education, Health and Care plan please contact us directly- do not complete this application form.

Child's Last name: _____ Forenames: _____	
Any previous surname: _____ Male <input type="checkbox"/> Female <input type="checkbox"/>	
Date of birth: _____ Current year group: _____	
Child's permanent address: _____ _____ Postcode: _____	
Current/previous School: _____ Leaving date: _____	
Catchment school: _____	
Is the child in the care of the local authority? YES/NO	
Does the child have a statement of Special Education Needs? YES/NO	
Any medical, physical or psychological condition which makes it essential to attend The Burgate School. This will help us plan to meet identified needs.	
Any brother or sister currently on roll at The Burgate School or for whom an application to the school has been made.	Full name of brother/ sister: _____ Date of birth: _____ Current year group: _____

Other information:

Medical, physical or psychological criterion: To be considered under this criterion, you must attached appropriate written evidence of your child's (or a family members) significant medical, physical or psychological condition from, for example, a doctor or psychologist, which explains why it is **essential** that your child attends The Burgate School. Priority for admission may be given if the criterion in the school's admission policy is met; please refer to The Burgate School Admission Policy. **If you do not attached this evidence your application will not be considered under this criterion.**

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Please provide your reasons for changing your child's school:

Full name of adult(s) completing form:

_____ Mr/Mrs/Ms/Miss

_____ Mr/Mrs/Ms/Miss

Telephone number home: _____

Mobile: _____ Other: _____

Email address: _____

What is your relationship to the child named in this application?

Parent Legal guardian Step parent Foster parent

Other relative/family friend/carer (please state) _____

Declaration

I certify that the information I have given on this form is correct to the best of my knowledge. I have provided proof of address to The Burgate School, e.g. utility bill or tenancy agreement. (If you give false information the offer of a school place may be withdrawn)

Signature of parent(s): _____ Date _____

_____ Date _____

SCHOOL USE ONLY

Received by school:

Proof of address seen Y/N

Catchment checked Y/N

Sibling checked Y/N

Current school contacted Y/N

Year group: _____

No. of places available: _____

Offer

Date offer letter sent:

Proposed start date:

Refusal

Date refusal letter sent

The information you give will be processed and stored for administrative purposes in accordance with the Data Protection Act 1998.

School use only – admin team

Please return this form to:

Admission Officer
The Burgate School
Salisbury Road
Fordingbridge
Hampshire
SP6 1EZ

Tel: 01425 652039

email: admissions@burgate.hants.sch.uk