

 **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 Female 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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**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

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_

The information you give will be processed and stored for administrative purposes

in accordance with the UK GDPR and Data Protection Act 2018.

**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