REQUEST FOR ADMISSION TO TOOT HILL SCHOOL



This form should be completed by the student's parent/carer

Applications for a Year 7 place for a September admission should be made to the Local Authority as part of their co-ordinated scheme.

STUDENT'S DETAILS					
First name(s)	Su	rname			
Date of birth	G	ender	Male	Female	
Address	Сι	arrent school			
Postcode	Pr	evious school			
Previous address (If you have moved within the last two months)		ngth of time at rrent address			
Is this the first time your child has lived in the UK? (If you arrive)	ed recei	atly from another country)	Yes	No	
If you have answered 'No' to the above, please give the da name and address of the school they attended:	tes v	when your child previously	lived in the UK	and the	
UK school name		UK school			
Dates lived in UK		dress and stcode			
To help us ensure your application is dealt with quickly, pl	ease	complete the following:			
Does your child have a statement of Special Educational Needs?			Yes	No	
Is your child looked after by the Local Authority? (In Public Care)			Yes	No	
Are there any other outside agencies helping support your child at this time.			Yes 🗆	No	
If you have answered 'Yes' to the above, please give the name and contact number of the relevant agencies and the name of the Local Authority responsible for the care of your child (please add extra sheet if required):					
Name		Role			
Local Authority		Contact No.			
Please provide details of any sibling(s) currently attending	Too	Hill School:			
Full name(s)		Date(s) of birth	Year group(s)		
Does your child have any mobility/physical disabilities?			Yes	No	
If you have answered 'Yes' to the above, please give detail	s:				

Has your child ever been permanently excluded from school?		Yes	No	
If you have answered 'Yes' to the above, please give the da school your child was attending at the time:	te of the permanent exclusion and th	ne name of th	ie	
Exclusion date	School name			
Why do you want to move your child from their current sch	nool? This information may support	your applicat	tion:	
(Please continue on an additional sheet if required)				
If your request for a change of school is NO please complete the following:	T as a result of a change of	f address,		
Please give details of the school staff you have worked with	n to try to resolve your child's presen	nt difficulties	•	
Teacher	Tutor			
Head Teacher	Date contacted			
Other Please specify — including date(s)				
Does your child require any additional support — behaviourally or learning?			No	
If you have answered 'Yes' to the above, please give details:				
T 1:11 11 12			D.T.	
Is your child currently attending school?		Yes	No	
If 'No', is your child being home-educated?		Yes	No	
Your child must continue to attend their current school unt result in court action.	il a school transfer takes place — fai	ilure to do so	may	
PARENT/CARER'S DETAILS				
Title Mr / Mrs / Miss / Ms / Dr / Other	First name(s)			
Relationship to child	Surname			
Address	Telephone			
Postcode	Mobile			
Email]	
Please provide telephone numbers and an email address in case we need to contact however it will help us to contact you quickly if we have any questions regarding y		to provide this inf	formation,	
I confirm that:				
I wish to make an application to Toot Hill School	Signatura	n	./0	
I certify that I am the person with parental responsibility for the child named on page one of this form and that all the information given on the form is accurate	Signature Print name	Pare	ent/Carer	
I understand that my child's place may be withdrawn if it is proven	Print name			
to have been obtained on the basis of fraudulent or misleading information	Date			