

APPLICATION FOR A JOHN COLET SCHOOL PLACE

If your child holds an Education Health and Care Plan (EHC) or Statement of Special Educational Needs, please contact <u>SEN@buckscc.gov.uk</u> for further information about moving school.

1. CHILD DETAILS				
First Name(s)		Legal surname		
Date of Birth		Male/Female	Year Group:	

Normal Home Address (The address & postcode at which the child normally lives). Please include address evidence.	
Name & address of current (or most recent) school.	
Telephone number of school	

2. YOUR DETAILS	
Name(s) of parents/carers living at home address above (or with parental responsibility & living at an alternative address).	
Relationship to child	
Home/Daytime telephone number	
Alternative telephone number (e.g. mobile).	

3. IF APPLYING FOR YEAR 10 OR 11

For transfer in to Year 10 or Year 11, please state the subjects being studied. Please be aware that your course options may not be available.

4. SUPOPRTING INFORMATION				
Does your child have any brothers or sisters attending John Colet School?				
Is your child currently supported by other agencies? Please tick the relevant boxes as appropriate.	Social Services Education Welfare Officers for attendance issues Educational Psychology service Child and Adult Mental Health Services Ad-action			
	Youth Offending Team			
	Other Please specify			
If so, please provide their contact details here so we can ensure that your child can be supported through their change of schooling by appropriate professionals				
Please provide your child's current levels in English, Maths and Science				
If transferring school within Buckinghamshire, please tell us why you want to move school.				

Has your child been permanently or temporarily excluded from any of his/her current or previous schools?	Yes/No			
Please confirm which school(s) and give date(s) and reason (s). Please note that we will contact your child's current or previous school in order to process this application.				
School(s)				
Date(s)				
Reason(s) for exclusion				

Signature of Parent/Carer......Date......Date