

## **In-Year Application Form**

(To be used in order to apply for a school place required during the academic year)

This form must be completed and submitted directly to 'Admissions' at Queen Elizabeth's School, Wimborne, Dorset BH21 4DT or email to admissions@queenelizabeths.com

- Please ensure that you provide all the required information where requested to do so
- The applicant will be notified of the admission decision in writing within 10 school days of the Admission Authority receiving the completed application form.

## **Section 1: Your requirements**

In which Year Group is the place required?	
When is the place required? (Date/Month/Year)	/ /

## **Section 2: Your Child's details**. (the child who is the subject of this application)

Please enter the required details or circle 'Yes' or 'No' throughout

Legal Surname	First Name	Middle Name(s)	
Gender	Date of Birth (dd/mm/yyyy)	Registered Nationality	
Male / Female			

Please enter the home address at which your child lives for the majority of their time				
How long have they lived at this address?	Years:	Months:	Weeks:	
Are there any formal shared residency arrangements in place for your child?		Yes	No	

**Please note:** If your family is currently moving house and you would like this application to be considered on the basis of your child's future home address, you <u>must</u> enclose with this application a copy of the legal 'Exchange of Contract' document or a formal Tenancy agreement (minimum six month) signed by the landlord.

Do they have European Economic Area Citizenship?	Yes	No
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Are they currently on t	Yes	No			
If <u>NO</u> , when did they la	st attend school?	Enter month/year :			
Please state the name and address of their current school or the one last attended:					
Please provide a brief r	Please provide a brief reason for this application:				
Are they currently a 'Lo Authority?	Yes	No			
Is there an adoption, cl in place?	Yes	No			
Are they designated as a registered carer for another person?			Yes	No	
Are they entitled to Free School Meals or Pupil or Service Premium?			Yes	No	
If Yes, please state which entitlement.					
Do they have an Education, Health and Care Plan (EHCP)? If Yes, your application should go via the special educational needs disability team so please advise if they are aware of this application.			Yes	No	
Do they have any special educational need, disability or medical condition the school should be aware of?			Yes	No	
If Yes, please provide some basic information here and you will be contacted for more details.					
Do they have a registered support worker?			Yes	No	
Does your child have any siblings currently attending this school at the time of application			Yes	No	
If 'Yes' enter the details of any one sibling who is currently registered on the roll of this school					
Legal Surname	Legal Surname First name DOB: dd/mm/yyyy			Brother/Sister/Other	



## **Section 3: Applicant Details** (the applicant is the person completing this form)

Surname			First	t Name		Title
Relationship to child	Parent	Carer	Other (please specify)			
Do you live at the sam	e address as the	e child y	ou a	re applying for	Yes	No
If 'No' then please pro	vide your full ac	ddress f	or co	mmunication purposes	(include pos	tcode)
Primary Telephone nu	mber					
Additional telephone	number					
Email address						
Section 4: Declaration						
nis application will no igning, the applicant c	-	uniess s	igne	d and dated by the appl	icant. By	
may be pi	ovided in support	t of this	applio	tion form (and any other incation) is accurate to the boto to mislead in any way.		at
<ul> <li>The offer of a school place may be withdrawn if any of the information provided in support of the application is subsequently found to be fraudulent or intentionally misleading.</li> </ul>						
<ul> <li>The information provided may be shared by the Admission Authority to the extent that is required in order to determine the school admission decision, subject to the requirements of the Data Protection Act 1988.</li> </ul>						
<ul> <li>The applicant is legally responsible for the child concerned or that he/she has appropriate consent from the legally responsible party to submit this admission application form.</li> </ul>						

Date

**Signature of Applicant**