

Form V15SA

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? (Day/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			
	Years	Months	Weeks
How long have they lived at this address?			
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 must 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
Are they currently on the roll of a United Kingdom school?	Yes	No
If NO , when did they last attend school? Enter month/year		
Are they currently a 'Looked After Child' - a child in the care of a Local Authority?	Yes	No
Is there an adoption, child arrangements or special guardianship order in place?	Yes	No
Are they designated as a registered carer for another person?	Yes	No
Are they entitled to an Early years, Pupil or Service premium?	Yes	No
Do they have an Education, Health and Care Plan (EHCP)?	Yes	No
Do they have any special educational need, disability or medical condition the school should be aware of? You may be contacted	Yes	No
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 <u>one</u> sibling who is currently registered on the roll of this school			
Legal Surname	First name	DOB: dd/mm/yyyy	Brother/Sister/Other

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

Please enter the required detail or circle 'Yes' or 'No'

Surname	First Name	Title	
Relationship to child	Parent	Carer	Other
Do you live at the same address as the child you are applying for	Yes	No	
If 'No' then please provide your full address for communication purposes (include postcode)			
Landline telephone number	Mobile number	Email address	

Section 4: Declaration and Signature

This application will not be processed unless signed and dated by the applicant. By signing, the applicant confirms that:

- The information provided on this application form (and any other information that may be provided in support of this application) is accurate to the best of the applicants' knowledge and not intended to mislead in any way.
- 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.
- 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.
- 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.

Signature of Applicant	Date

For admin use only:

Date Received	
DOB Checked	
Decision	Accept/Refuse
If Refused	Appeal/Waiting List