

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)	Surname
Date of birth	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Address	Current school
Postcode	Previous school
Previous address <i>(If you have moved within the last two months)</i>	Length of time at current address
Is this the first time your child has lived in the UK? <i>(If you arrived recently from another country)</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	

If you have answered 'No' to the above, please give the dates when your child previously lived in the UK and the name and address of the school they attended:

UK school name	UK school address and postcode
Dates lived in UK	

To help us ensure your application is dealt with quickly, please complete the following:

Does your child require support with any Special Educational Needs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child have an ECHP?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child have any mobility/physical disabilities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is/has your child been adopted, fostered or under a Special Guardianship Order?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is/has your child looked after by the Local Authority? <i>(In Public Care)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there any other outside agencies helping support your child at this time?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child/has your child ever been open to safeguarding concerns?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does/has your child ever been open to a Child Protection Plan/Child In Need Plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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 your child:

Name	Role
Local Authority	Contact no.

If you have answered 'Yes' to the above, please give details (continue on a separate sheet if necessary):

Please provide details of any sibling(s) currently attending Toot Hill School:

Full name(s)	Date(s) of birth	Year group(s)
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Has your child ever been permanently excluded from school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Has your child ever been suspended from school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If you have answered 'Yes' to the above, please give the date of the permanent exclusion/suspensions and the name of the school(s) your child was attending at the time:

Exclusion date	School name
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Why do you want to move your child from their current school? This information may support your application:

(Please continue on an additional sheet if required)

If your request for a change of school is NOT as a result of a change of address, please complete the following:

Please give details of the school staff you have worked with to try to resolve your child's present difficulties:

Teacher	Tutor
Head Teacher	Date contacted
Other <i>Please specify – including date(s)</i>	

Does your child require any additional support – behaviourally or learning?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If you have answered 'Yes' to the above, please give details:

Is your child currently attending school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If 'No', is your child being home-educated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Your child must continue to attend their current school until a school transfer takes place – failure to do so may result in court action.

PARENT/CARER'S DETAILS

Title Mr / Mrs / Miss / Ms / Dr / Other	First name(s)
Relationship to child	Surname
Address	Telephone
Postcode	Mobile
Email <input type="text"/>	

Please provide telephone numbers and an email address in case we need to contact you about your application. You are not obliged to provide this information, however it will help us to contact you quickly if we have any questions regarding your application.

I confirm that:

I wish to make an application to Toot Hill School.

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.

I understand that my child's place may be withdrawn if it is proven to have been obtained on the basis of fraudulent or misleading information.

I understand that on receipt of my completed Application Form, Toot Hill School will be contacting my child's current school for information regarding academic levels, attendance and behaviour.

Signature	<i>Parent / Carer</i>
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Print name

Date

*Please complete, sign and return this form to **Admissions Department, Toot Hill School, The Banks, Bingham, Nottingham NG13 8BL***