

Mid-Year Application for St Helena School

You should not remove your child from a school until a place has been secured elsewhere

Section 1 - Student Details					
Student Surname					
First Name(s)					
Date of Birth	Year Group		Male / Female		
Current School (or last school atten	ded)				
Town and Postcode of current scho	ol				
Is the child still attending? Yes / I	No	if no, last	date of atte	ndance	
If the child is known by another nan	ne pleas	se add it he	ere		
Section 2 - Home Address					
House Number or name		Street			
Village	Post Town			Postcode	
Email address					
Section 3 – Parent/Carer Details					
Mr/Mrs/Miss/Ms	Initials		Surname		
Relationship to child		Home Phone No.			
Work Phone No.		Mobile Phone No.			
Section 4 - Reasons for Change of	of Scho	ol			
Preferred date of admission					
If you are moving into the area, date	e of mov	ve			
New address if different to Section : Signed Tenancy Agreement)	2 (pleas	se attach pr	oof of addr	ress (e.g Exchange of Contracts or	
House Number or name		Street			
Village	Post To	Post Town		Postcode	

Have you discussed y for your child with you		Yes / No			
Has your child attende	ed any other seconda		Yes / No		
If yes, please give det	ails:				
Name if school (1)			Date of lea	Date of leaving	
Reason for leaving:	Reason for leaving: Moved Home P		Permanently Excluded		
Other (please give rea	ason)				
Name if school (2)			Date of leaving		
Reason for leaving:	Moved Home		Permanen	manently Excluded	
Other (please give rea	ason)				
Section 5 - Other De	tails				
Is the child in public ca	are (looked after by a	Local Auth	nority?)	Yes / No	
Has the child been previously looked after by a Local Authority Yes / No				Yes / No	
Is your child eligible fo	s your child eligible for Free School Meals? Yes / No				
Does the child have a statement of Special Educational Needs? Yes / No				Yes / No	
Are there any exceptional medical reasons why the child should specifically attend this school (in accordance with the school's Admission Policy)? Yes / No					
f 'Yes', please attach supporting evidence from the child's doctor or health care professional.					
Is English your child's		please sp	ecifv.		
Section 6 - Siblings	<u> </u>		,		
If you have another ch	nild at this school plea	se enter th	neir details	below.	
Name Date of Birth					
Section 7 - Other Information					
Section 8 - Declarati	on				
I have read the notes given is true and that	_	-		. I confirm that the information I have	
Signed Date					
		l .			

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	Name and position of per-	son completing this form:
ı	Date of completion:	
	Student Name:	
	Date of Birth:	
	Date of Billii.	
1.		overleaf been placed in Alternative provision (AP) or the at 2 years prior to this application or where the student's last
	YES/NO	Name of Provision:
2.	e.g. a short term placem	or more fixed term, behaviour related exclusions (or equivalent, nent at an external/internal provision), where at least 2 of the nan 1 day each, within the last year?
	YES/NO	If YES please provide dates
3.	Has the child been remo	oved from the school roll/ AP roll for a minimum of 1 term?
	YES/NO	If YES please give details
20110		
SCHO	OOL STAMP:	
		d I give my consent to my child's current/previous school rpose of this school application.
Paren	t/Carer name:	Signed:
As the	student, I give my conse	ent to my current/previous school releasing this information for the

TO BE COMPLETED BY THE CURRENT/PREVIOUS SCHOOL ONLY:

IMPORTANT: Parents/carers need to send this page of the form to the school with the application, but parents/carers should keep a copy of this completed page as you may need it later.

Child's name: Signed: Signed:

purpose of this school application.