

APPLICATION FOR IN-YEAR ADMISSION

This form should be used by parents/carers seeking to TRANSFER their child DURING the school year.

All questions must be answered in full. If not, this form will be returned to you before consideration.

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| **Your child’s details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| First Name: | | | |  | | | | | | | | | | | | | Last Name: | | | |  | | | | | | | | |  |
| Date of Birth: | | | | | Day | | |  | | Month | | |  | | | Year |  | | Gender (please tick): | | | | | | | Male  Female | | | |  |
| Current year group (please tick): | | | | | | | | | | | | **7**  **8**  **9**  **10**  **11**  **not known** | | | | | | | | | | | | | | | | | | |
| Current address: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  |
| Town: | |  | | | | | | | | | | | | | | County: | | | | | | | | Post Code: | | |  | | |  |
| Please confirm if your child is resident in the UK: | | | | | | | | | | | | | | | Yes No  If No, please give expected date of arrival: | | | | | | | | | | | | | |  |  |
| Main language spoken at home: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  |
| Does your child have a Educational Health Care Plan (EHCP)? (please tick) YES  NO  If YES, please contact the SEN Team at the Local Authority that maintains the EHCP, as a different statutory process applies. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Parent/Carer’s details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mr Mrs  Miss Ms *(please tick)* | | | | | | | | | | | | | | Parent Carer  Other *(please specify)* | | | | | | | | | | | | | | | | |
| Name of Parent / Carer: | | | | | | | | |  | | | | | | | | | | | | | Home Tel: | | |  | | | | |  |
| Mobile: | | |  | | | | | | | | | | | | | Email: | |  | | | | | | | | | | | |  |
| Address (if different from your child’s): | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | Post Code: | | |  | | |  |
| If you have parental responsibility, what is your relationship to the child? | | | | | | | | | | | | | | | | | | | | | | | Mother  Father  Carer | | | | | | |  |
| Are you UK Service Personnel applying for a school place? YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **School Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What is the name of your child’s current or most recent school? | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  |
| Is this school in the UK? YES  NO  If YES, you must obtain your child’s UPN from the school and enter below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Is your child still attending this school? YES  NO  If NO, please state their last day of attendance | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
| Does your child have a brother or sister\* currently attending Uxbridge High School? YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of sibling: | | | | | |  | | | | | | | | | | | | | | | | | Date of birth: | | | | |  | |  |
| *\*This does not include cousins or other family members who live in the same household, but will include stepbrothers/sisters and adopted or foster children* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| Please confirm you have provided proof of date of birth of your child with this form |
| Has your child ever been permanently excluded: Yes  No  **,**  if yes, the reason for this exclusion: |
| Please give details of your child’s curriculum/subjects studied and provide your child’s last school report or grade sheet. |
| If your child knows any student currently attending Uxbridge High School, please provide their name and year group below: |
| Please state your reason for applying for a place at Uxbridge High School: |

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| **DECLARATION**  I declare that the information I have provided on this form is correct. I understand that you may request further evidence to verify the information provided above. If my child is granted a place I agree to work with the school in the education of my child by supporting the school in upholding its rules and discipline. I further agree to ensure that my child attends regularly and is punctual.  **Signature of parent or carer:**  **Date:**  *NOTE:*  *The Governors reserve the right to make enquiries to check the accuracy of the information provided above. You are advised that if any of the information proves to be false or misleading in any material way the Governors may (i) withdraw the offer of admission regardless of whether your child has started studying at the school and (ii) pursue their legal rights against you, seeking compensation for loss of expense incurred by the school.* |

**Completed application forms –** In order for your application to be considered, all questions must be completed to the best of your knowledge and then the form sent to:

Admissions

Uxbridge High School

The Greenway

Uxbridge

Middlesex

UB8 2PR Or hand directly to the school office

**Once you have submitted the application form,** it takes up to 5 working days to obtain a distance measurement from the Local Authority. On receipt of the distance measurement your child will be placed on the waiting list of the relevant year group. If you wish to know where your child is on the waiting list, please allow at least 7 days after your application has been received before contacting the school on 01895 234060.

Please note: No acknowledgement will be sent unless you have included a stamped, self-addressed envelope.