

**Etone College**

**In-Year Admission Application**

**Failure to complete this form in full will lead to a delay in your application**

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| **Child’s Information** |
| **Child’s Forename:** |  |
| **Child’s Surname:** |  |
| **Date of Birth:** |  |
| **Current Academic Year:** |  |
| **Proposed Admission Date:** |  |
| **Gender:** |  |
| **Ethnicity:** |  |
| **Does your child speak English as an additional language?** | Yes/NoIf yes, what is your child’s first language? |
| **Home Address:****Proof of address must be provided** |  |
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| **Parent/Carer Information** |
| **Parent/Carer’s Forename:** |  |
| **Parent/Carer’s Surname:** |  |
| **Relationship to child:** |  |
| **Do you have parental responsibility?** | Yes/No |
| **Contact number:** |  |
| **Email address:** |  |

**PLEASE PROVIDE A COPY OF YOUR CHILD’S LATEST SCHOOL REPORT**

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| **School Information** |
| **Current School & Address:** |  |
| **Pupil UPN No:****(available from current school)** |  |
| **Why do you want to transfer your child to another school?** |
| **House move (within Warwickshire)** | **House move****(moving into Warwickshire)** | **Moving into Warwickshire from abroad** | **Military family** | **Issues at current school (please detail below)** |
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| Issues at current school:-(any issues should be discussed with your current school) |
| **Primary School Attended:** |  |
| **Please list any previous schools with dates attended** |  |
| **Exclusions:****Number of fixed term exclusions:****Reasons for exclusions:** |  |

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| **For Year 9, 10 and Year 11 pupils, please list current subjects** |
| **Subject** | **Course detail****(GCSE/BTEC etc)** | **Exam Board** |
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| **Criteria** |
| Is the child in Public Care? (Looked After Child) | Yes/No |
| Does the child have an Educational Health Care Plan? | Yes/No | If so, please provide details and evidence |
| Does your child have any other Special Educational Need which will require additional support? | Yes/No | If Yes, please provide details and evidence |
| Is the child involved with any agencies?* Educational Social Welfare
* Social Services
* Educational Psychologist
* YOT
* CAMHS
* EIS
 | Yes/No (please give details) |
| Does the child have a sibling currently attending the school?(sibling must attend when the application is made and must still attend the school at the proposed admission date) | Yes/No |
| Sibling’s Name: |  |
| Sibling’s Form Group: |  |
| Is your child currently entitled to free school meals? | Yes/No |
| Is your child pupil premium? | Yes/No |

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| **Any Additional Comments** |
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**Please note that Etone College opens a new waiting list each academic year and each term**

**It is parent’s responsibility to ensure their child remains on the waiting list into each new term, either in writing or via** **admissions@etonecollege.co.uk**

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| **I, the parent/carer, confirm that:*** **I have read and understood the In Year Admission form**
* **I understand that should I not complete the form fully then my application may not be considered**
* **I understand that a place may be lawfully withdrawn if it is proved to have been offered on the basis of a fraudulent or misleading application**
* **I give my consent for the school to contact relevant agencies in order to validate this application.**
* **I understand I have a duty to ensure that I notify/consult all other persons with parental responsibility for this child regarding this application and any subsequent changes to this application. Failure to do so will invalidate this application**
* **I have provided valid proof of address**
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| **Signed: (Parent/Carer)** |  |
| **Print Name:** | Mr/Ms/Miss/Mrs |
| **Date:** |  |
| **Office Use Only** | **Please return completed form to:****Mr I Smith****Headteacher****Etone College****Leicester Road****Nuneaton****CV11 6AA****Or by email: admissions@etonecollege.co.uk** |
| Date received |  |
| For 2018/19 academic year |  |
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