FormV15SA

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)	
School use only: Insert the date on which this application was received at the school	

Section 2: Your Child's details (the child who is the subject of this application)

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

Legal Surname		**First Name**	**Middle Name(s)**
Male	**Female**	**Date of Birth (d/m/y)**	**Registered Nationality**

Please enter the home address at which your child lives for the majority of his/her time			
	Years	**Months**	**Weeks**
How long has he/she 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.

Does he/she have European Economic Area Citizenship?	**Yes**	**No**
Is he/she currently on the roll of a United Kingdom school?	**Yes**	**No**
If NO, when did he/she last attend school? Enter month/year		
Is he/she 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**
Is he/she designated as a registered carer for another person?	**Yes**	**No**
Is he/she entitled to an Early years, Pupil or Service premium?	**Yes**	**No**
Does he/she have an Education Health and Care Plan (EHCP)?	**Yes**	**No**
Does he/she have any special educational need, disability or medical condition the school should be aware of ? You may be contacted	**Yes**	**No**
Does he/she 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 one sibling who is currently registered on the roll of this school		

Legal Surname	First name	DOB: day/month/year	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

Your relationship to this 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 post code)		

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:**