

Minster Trust for Education In-Year Application Form

THIS FORM SHOULD BE COMPLETED BY THE CHILD'S PARENT/CARER

I wish to make an applic	ation for:		Year Group:		
Are you applying for a Church Foundation place? Yes No					
	d provide the associated evid	er a faith criterion should of the lence required. This form is a		-	
Child's first name:		Surname/last name:			
Date of birth:		Gender: male	e fen	nale	
Child's address:					
	Post code:				
Present/previous school:	Name:				
	Address:				
If you have moved with	the last 2 months, please give	e previous address:			
Date your child moved to present address:					
Date your child last attended school:					
If you arrived in the UK	from another country, pleas	e state if this is the first time	your child has live	d in the UK:	
			Yes	No	
•	n your child previously lived ddress of the school they att				
Name and address of sci	hool:				

To help us make sure your application is dealt with quickly please complete the following: Does your child have an Educational Health Care Plan? Yes No Is your child looked after by the Local Authority (in Public Care)? Yes No If 'Yes', please give name and contact number of Social Worker: Name of Local Authority responsible for the care of the child: Has your child ever been permanently excluded from a school: Yes No If 'Yes', please give the name of the school: Date of permanent exclusion: Please enter details of any brother(s)/sisters(s) attending school or any linked primary school: Full name Date of birth School attending/Year group Does your child have any mobility/physical disabilities? No Yes Please give details: Why do you want your child to move to another school? (Please continue on a separate sheet if necessary)

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 state	ff you have worked with to	o try to resolve your child	l's present difficult	ies:
Teacher / Tutor / Head of Year		Date(s) contacted:		
Assistant Head / Deputy Head / Head Teacher		Date(s) contacted:		
Other (please specify) including date(s):				
If you have not discussed your condrefer you back to the school before			n the present scho	ol, we will
Is your child currently attending school?			Yes	No
If 'No', is your child being home educated?			Yes	No
YOUR CHILD MUST CONTIN SCHOOL TAKES PLACE, FAI				IANGE OF
Has your child attended any other	schools?		Yes	No
a) School:		Date of leaving:		
Reason for leaving:				
b) School:		Date of leaving:		
Reason for leaving:				
c) School:		Date of leaving:		
Reason for leaving:				
Mr / Mrs / Miss / Ms / Dr / Other (p	olease give details):			
Initial(s):	rname:			
Your relationship with the child:				

Full address of parent/carer:
Address:
Post code:
Daytime telephone contact number(s):
Email address:
Please provide telephone numbers and email address in case we need to contact you about your application. You do not have to tell us but it will help us to contact you quickly if we have a question about your application. Please submit your child's latest school report with this application, along with proof of permanent residency for the home address given.
I confirm that:
 I certify that I am the person with parental responsibility for the child named on page I of this form and that all the information given on this form is correct 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 enclose proof of permanent residency for the home address given
Signed
Print name

Please return the application form directly to the school along with any additional supporting documents.

Parents will be informed of the outcome of this application within 15 days.