

# Request for admission to The Joseph Whitaker School



This form should be completed by the child's parent/carer with parental responsibility for an admission application or consideration of a change of school.

## ABOUT YOUR CHILD

Full Legal Name			
Date of Birth		Gender	
Year Group Applying For			
Address (this must be the address at which your child is <b>permanently</b> living)	Post code:		
Child's Previous Address (if moved within the last 2 months)	Post code:		
Current School (name and postcode)			
Date your child last attended school			

If you <b>have arrived to the UK from another country</b> , please answer the questions below	
If you arrived in the UK from another country, is this the first time your child has lived in the UK	
<b>If 'No'</b> , please state when your child previously lived in the UK	
Country of birth and nationality	
Proficiency in English	
Name and address of school attended (outside the UK)	

To help us make sure your application is dealt with quickly please complete the following:

Does your child have an Education, Health and Care Plan (EHCP)?	
<p>Does your child have any mobility/physical disabilities?</p> <p>If 'Yes', please give details:</p>	
Is your child ' <i>looked after</i> ' by the Local Authority	
Has your child been previously ' <i>looked after</i> ' by the Local Authority	
If 'Yes', please give the name of the Local Authority responsible for the care of your child	
Has your child ever been permanently excluded from school	
If 'Yes', please give the name of the school	
Date of permanent exclusion	

What is the reason for your application/reason for requesting a change of school?

Is your child currently attending school?	
If 'No', is your child being electively home-educated (EHE)?	

**Has your child attended any other schools?**

Name of school	Date of leaving	Reason for leaving

**SIBLINGS**

Please enter details of any brothers or sisters attending school:

Name	Date of Birth	School attending

**PARENT/CARER(S)**

Name of parent/carer		
Title		Other:
Parent address (if different from the child's address)		
	Post code:	
Your relationship to the child		
Email address		

Main telephone number	
Mobile telephone number (or alternative number)	

**I confirm that:**

- I wish to make an application for The Joseph Whitaker School
- I certify that I am the person with parental responsibility for the child (named on page 1 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 on this application

Signed ..... **(parent/carer)** Date .....

Print name .....

**PLEASE RETURN THIS APPLICATION TO:**

**Admissions. The Joseph Whitaker School, Warsop Lane, Rainworth. NG21 0AG**

Email: [admissions@josephwhitaker.org](mailto:admissions@josephwhitaker.org)