

## HEYFORD PARK FREE SCHOOL STUDENT IN YEAR APPLICATION FORM

SECTION 1: DETAILS OF CHILD:	
Surname:	Forename:
Middle Name:	Chosen Name:
Previous surname [if applicable]	
Gender: Male/Female	Date of Birth:
Home Address:	
Post code:	Home phone number:
<i>(the child's home is the permanent address where they live with their legal guardian and where any child benefit is addressed. If this is different from the parent/carer's address, please explain why on the back of this form. Also, if parents share custody, please give both addresses and state this below, continue on the back of this form if necessary).</i>	

SECTION 2: DETAILS OF PARENT/CARER:	
Mother's Title:	Mother's name:
Mother's address:	
Mother's phone no. [if different from above]:	
Mother's mobile no:	Mother's work no:
Mother's email address:	
Do you have parental responsibility? Yes/No [please delete as appropriate]	
If no, please state who does:	
Father's Title:	Father's name:
Father's address:	
Father's phone no. [if different from above]:	
Father's mobile no:	Father's work no:
Father's email address:	
Do you have parental responsibility? Yes/No [please delete as appropriate]	
If no, please state who does:	
<b>For Looked After Children:</b>	
Please give social worker's name and contact details below:	
Local Authority Responsible for child:	
Does your child have any siblings who currently attend Heyford Park Free School? Yes/No	
If yes, please give names:	

### SECTION 3: REASONS FOR TRANSFER

Please provide details for request for transfer:


When do you want your child to start at Heyford Park Free School?

Are you moving to the area? YES/NO

Expected date of move:

Provide details of your new address:

*You should also provide confirmation of this address*


### SECTION 4: MEDICAL INFORMATION

*Knowledge about children's health is vital if we are to help them reach their potential educationally. Would you please, therefore, supply the following information about your child. This information will be available to relevant officers at the LEA, School staff and to the school health nurse.*

GP Name:

Phone Number:

Address of practice:


Has your child had his/her pre-school booster? Yes/No/Don't know

Does your child suffer from/have any problems with:

Asthma	Mobility	Epilepsy	Behaviour	Diabetes
Hearing	Bowel/Bladder conditions		Speech	Vision
Serious Allergies	Wears Glasses	Any other medical conditions		

If you have circled any of the above, please give details:


Does your child have a disability (as defined in the Equality Act 2010) which affects his/her mobility or access to school? Yes/No

If yes, please give the nature of your child's disability:


Does your child need regular medication on prescription? Yes/No

Will your child need medication during school hours? Yes/No

Does your child suffer from any condition which may affect participation in PE? Yes/No

If you have replied yes to any of the above, please give details:


## SECTION 5: PREVIOUS EDUCATION

Please give details below of the previous school attended by your child

Name of previous school:

Address:

Date Started:

Date Left:

Name of member of staff at this school who knows your child:

Please give details of your child's attendance [how many days missed in the past year]:

Did your child ever receive any Fixed Term Exclusions at his/her previous school(s) Yes/No

If yes, please provide details:

Has your child ever received a Permanent Exclusion from any of their previous schools? Yes/No

If yes, please provide details:

Is your child statemented or do they have an EHCP? Yes/No

Was your child on the Special Educational Needs Register at his/her previous school? Yes/No

If yes, please provide details:

Does your child have support in class? Yes/No

What modern foreign language(s) did your child study at his/her previous school?

**Should your child be offered a place at the school you will need to provide their birth certificate and passport (if they have one) for copying at the enrolment meeting.**

Non UK applicants:

Date of entry into the UK

Day:

Month:

Year:

Is your child in the country now? Yes/No

Can your child speak, read and write fluent English? Yes/No

Is this the first school in UK that your child has attended? Yes/No

## SECTION 6: DECLARATION

**Please note that, if you deliberately give false information, we may withdraw your child's offer of a school place.**

Tick the box to agree to the following:

All the information I have given on this form is correct to the best of my knowledge. By signing this form, I understand that I am giving my consent to Heyford Park Free School to process the information of this form for educational purposes and to share it with other agencies and admissions authorities for educational purposes, I am also giving my consent to Heyford Park Free School to obtain further information about my child including attendance and/or exclusion data if appropriate. I understand that Heyford Park Free School will keep this information securely.

Signature:

Date:

Print Name:

Date: