



ADMISSIONS APPLICATION

Please complete this application form.

For more information, please visit our website <http://www.georgegrenville.co.uk/>

1. CHILD'S DETAILS

First Name(s)		Legal Surname	
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Date of Birth	___/___/___	Male / Female	Year Group:
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Normal home address (The address & postcode at which the child normally lives) Please include address evidence	
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If moving home, please provide the new home address (This is the address at which the child WILL live) Please include address evidence.	
	Move date ___/___/___

Name & address of current (or most recent) school/nursery.	
	If now left this school/nursery please give date of attendance ___/___/___

Telephone number of school/nursery	
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2. YOUR DETAILS

Name(s) & address of parents/carers living at home address above (or with parental responsibility & living at an alternate address)	
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Relationship to child	
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Email address (We will use this to acknowledge your receipt of your application)	
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Home/Daytime telephone numbers	
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SCHOOL DETAILS

Does your child have any brothers or sisters attending George Grenville Academy?	If yes please give details of siblings name, date of birth
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3. Supplementary information to support the IN-YEAR application	
<p>For admission purposes, a "looked after child" is a child in care who is looked after by the LA, this includes a child who is accommodated, under a Care Order or Interim Care Order; OR a child who was previously looked after and immediately after being looked after became the subject of an adoption, residence or special guardianship order.</p>	<p>YES / NO If 'Yes' please tell us which Local Authority supports the child and give a social worker contact name and telephone number.</p> <p>Social Worker contact name: Telephone number: Local Authority:</p>
<p>Are you or your partner a serving member of the Armed Forces or a Crown Servant?</p>	<p>YES / NO</p> <p>If you are being posted to Buckinghamshire, please provide a copy of your posting order.</p>
<p>Does your child have exceptional medical or social reasons why he/she should attend George Grenville Academy</p>	<p>YES / NO</p> <p>If 'Yes' please attach details, you will need to include written support from an appropriate professional person.</p>

Exceptional Reasons: These will only be considered if evidence is provided. If you think your child has a disability as defined in the Equality Act 2010 please give us more details. Add a separate sheet if necessary.

<p>Has your child got a Educational Health Care Plan</p> <p>Is your child undergoing assessment for an Education Health and Care Plan (EHC)?</p>	<p>YES/ NO (delete as appropriate)</p> <p>If the answer above is 'Yes please indicate here which local authority is involved.</p>
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An EHC Plan is a document written by the local authority detailing the needs that a child has in learning at school, and the measures which the school will take to help them.

<p>Is your child receiving support in school for special needs? If yes, please attach their current support plan. If so please indicate the type of support here:</p>	
<p>Is your child currently supported by other agencies? Please tick the relevant boxes as appropriate.</p>	<p>Social Services <input type="checkbox"/></p> <p>Education Welfare Officers for attendance issues <input type="checkbox"/></p> <p>Educational Psychology service <input type="checkbox"/></p> <p>Child and Adult Mental Health Service <input type="checkbox"/></p> <p>Ad-action <input type="checkbox"/></p> <p>Youth Offending Team <input type="checkbox"/></p> <p>Speech and Language <input type="checkbox"/></p> <p>Pupil Referral Team <input type="checkbox"/></p> <p>Occupational Therapist <input type="checkbox"/></p> <p>Nursing Team <input type="checkbox"/></p> <p>Other <input type="checkbox"/> please specify</p>

<p>If so, please provide their contact details here so we can ensure that your child can be supported through their change of schooling by appropriate professionals</p>	
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<p>Have you withdrawn your child from a school? YES/NO If 'yes' please tell us why: Elect to home educate <input type="checkbox"/> House move <input type="checkbox"/> School suggested move <input type="checkbox"/> You are requesting a transfer <input type="checkbox"/> Other <input type="checkbox"/> Please specify.....</p>

<p>If so, please provide their contact details here so we can ensure that your child can be supported through their change of schooling by appropriate professionals</p>	
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<p>Does your child speak English</p>	<p>YES/NO</p>
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<p>If yes what support do they require</p>	
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<p>Date admission required</p>	
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<p>Are you transferring school within Buckinghamshire YES/NO (Delete as applicable)</p>	<p>In this box please tell us your reasons for requesting a transfer of school.</p> <p>If your child attends Bourton Meadow Academy or Lace Hill Academy, we will inform the Head teacher, out of courtesy, before organising a visit to George Grenville Academy.</p>
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<p>Name of Headteacher</p>	<p>Applications will not be accepted without agreement from the Headteacher</p> <p>Signature</p> <p>I certify I have seen the completed form.</p>
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<p>Headteacher comments</p>	
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Has your child been permanently or temporarily excluded from any of his/her current or previous schools?	YES/NO
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Please confirm which school(s) and give date(s) and reason(s) Please note that we will contact your child's current or previous school in order to process this application.

School(s)

Date(s).....

Reason(s) for exclusion.....

7. PARENTAL DECLARATION

I certify that I have parental responsibility for the child named in Section 1, and that this application has the agreement of all parents/carers listed in section 2.

I confirm that the information I have provided is to the best of my knowledge correct and up to date. I understand if I give any false or deliberately misleading information on this form and/or supporting papers or withhold any relevant information, this may lead to the withdrawal of an offer of a school place for my child.

I hereby authorise George Grenville Academy to contact my child's current or previous school.

IMPORTANT NOTE: ALL SECTIONS OF THIS FORM MUST BE COMPLETED AND ALL EVIDENCE ATTACHED AS APPROPRIATE - INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT AND THIS WILL DELAY THE PROCESSING OF YOUR APPLICATION.

Signature of parent/carer: _____/_____/_____	Date:
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Information supplied will be used for registration purposes under the Data Protection Act 1998.

Once completed you should return this form to: George Grenville Academy, Chandos Road, Buckingham, MK18 1AP
 Email: office@georgegrenville.co.uk