THE WHITBY HIGH SCHOOL

A Foundation School

HEADTEACHER
Mrs G. Fraser BEd (Hons.), MSc, NPQH

IN-YEAR APPLICATION FORM

Has the child's current / previous school been advised of this application? **Yes / No**

Do we have permission to contact the child's current / previous school with regards to this application? **Yes / No**

Name of School you wish to apply for:	**Year Group:**

Child Details

Surname:	**Date of Birth:** ____ /____ /___	
Forename(s):	**Male / Female** ***(Please delete as appropriate)***	
Current Address:	Address in Cheshire West & Chester to which you are moving: ***(if applicable)***	
Post Code:	Post Code:	Date of moving: / /
Telephone Contact Number(s):		
Email address: ***(if applicable)***		

Date place required?	**Reason for changing school?**

School currently attending / last school attended?

Date child left? ***(if applicable)***

UPN No.? *(this can be obtained from the current school)*

	✓ **Yes**	✓ **No**
Is the child **'cared for' by a Local Authority** (*in public care*)? If yes, please state below which Local Authority, Social Worker details and a contact number:		
Does your child have an **Education Healthcare Plan (EHCP)** of Special Educational Needs (SEN)?		
Is your child **permanently excluded** from school?		
Is the child's parent a crown servant as defined by the School Admissions Code?		

Applicant's Details

Mr/Mrs/Miss/Ms/Dr etc:	Initials:	Surname:	Daytime Telephone No:

Address(es): ***(if different from student's address)***

Email address: *(where available)*	**Relationship to Child**

Siblings (and any other children living at the same address). A sibling means the brother, sister, stepbrother or stepsister, half-brother or half-sister living together as part of one household, already attending the preferred school and expected to continue at the school in the following school year.

Sibling's Name:	**School and Year Group:**	**Date of Birth:** / /
Does the sibling reside at the same address as the applicant? If no, please provide details.		**Yes / No**

Other Relevant Circumstances. Please include here any further information which you consider may be relevant to your preference. Continue on a separate sheet, if necessary. Please provide full details of **dual residency (*if applicable*).**

I declare that all the information which I have provided is true. I understand that any school place offered on the basis of fraudulent or intentionally misleading information may be withdrawn.

Signed:	Mr/Mrs/Miss/Ms/Dr etc
PRINT NAME:	**Date**:

Data Protection Act: The Council / School / maintains a Register Entry in respect of Education which includes the administration relating to pupils.

Personal information provided on this form is treated in confidence and complies with the requirements of the Act.

This information may also be shared with other Local Authorities and Primary Care Trusts.

Once Completed, please return this form to:
Mrs L Chesters
Admissions Officer
The Whitby High School
Sycamore Drive
Whitby, Ellesmere Port
CH66 2NU

If you require an acknowledgement, please provide a stamped address envelope with your application.

Verification of Information: The Council / School may verify information you have provided on this form which could involve contacting other departments of the Council who maintain appropriate records. In instances where the information provided is different from that held by them, they may use the information on this form.

For Office use Only:	
Date Received:	Date Offered / No Offer (Refusal Letter Sent):