Request for admission to JOHN FLAMSTEED COMMUNITY SCHOOL



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

ABOUT YOUR CHILD

| Full legal name | | | | | |
|--|-----|------------|--|--|--|
| Date of birth | | Gender | | | |
| Address | | | | | |
| (this must be the address at which your child is permanently living) | | Post code: | | | |
| Child's previous address | | | | | |
| (if moved within the last 2 months) | | Post code: | | | |
| Current school and Year Group | | | | | |
| Date your child last attended school | | | | | |
| If you arrived in the UK from another country, is this the first time your child has lived in the UK | | | | | |
| If 'No', please state when your child previously lived in the UK | | | | | |
| 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 a Stareducational needs and/or a Care Plan? | - I | | | | |

| Does your child have any mobility/physical disabilities? If 'Yes, please give details: | | |
|--|---|--|
| | | |
| Is your child 'looked after' 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 | | |
| If your request for a change of school is NOT as a refollowing. Please give details of the school staff you have work difficulties. | esult of a change of address, please complete the | |
| Teacher / Tutor / Head of Year | Date of contact: | |
| Deputy Head / Head Teacher / Principal | Date of contact: | |
| Other (please specify including dates) | | |

| | | resolve your child's difficulties with the present taking any action on your request. |
|---|----------------------------|---|
| Is your child currently attendi | ng school? | |
| If 'No', is your child being hor | ne-educated? | |
| Your child must continue to failure to do so may result i | n Court action. | ool until a change of school takes place as |
| Name of school | Date of leaving | Reason for leaving |
| | | |
| SIBLINGS Please enter details of any | brothers or sisters attend | ding 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 with the child | | |
| Email address | | |

| Home telephone number | |
|-------------------------|--|
| Mobile telephone number | |

I confirm that:

- I wish to make an application for John Flamsteed Community 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

| Signed | (parent/carer) | Date |
|------------|----------------|------|
| Print name | | |

PLEASE RETURN THIS APPLICATION TO:

Mrs Jackie Hampton (Admissions Officer)

hamptonj@jfcs.org.uk

John Flamsteed Community School, Derby Road, Kilburn, Derbyshire, DE5 8NP

Please note you will be notified of the outcome within 10 school days of receiving this application form.