



In-Year Admission Application Form – KS3

INFORMATION TO BE COMPLETED BY THE PARENT/CARER:

CHILD'S DETAILS:

[1] FIRST NAME: MIDDLE NAME: SURNAME:
(PLEASE ENSURE YOU PROVIDE YOUR CHILD'S FULL LEGAL NAME)

[2] DATE OF BIRTH: [3] YEAR GROUP:

[4] GENDER: MALE / FEMALE (delete as applicable) [5] CHILD'S FIRST LANGUAGE:

[6] ADDRESS:

POSTCODE:

PARENT/CARER DETAILS:

[7] FULL NAMES OF PARENTS/CARERS WITH WHOM THE CHILD LIVES AT THE ABOVE ADDRESS:

(a) TITLE: FIRST NAME: SURNAME:

RELATIONSHIP TO STUDENT:

CONTACT NUMBER(S): MOBILE: HOME:

EMAIL ADDRESS:

(b) TITLE: FIRST NAME: SURNAME:

RELATIONSHIP TO STUDENT:

CONTACT NUMBER(S): MOBILE:

EMAIL ADDRESS:

ADDITIONAL INFORMATION:

[8] DOES THE CHILD PERMANENTLY RESIDE IN THE UK? YES / NO (delete as applicable)

[9] IS THE CHILD IN PUBLIC CARE ("LOOKED AFTER")? YES / NO (delete as applicable)

[10] IS THE CHILD ON AN EDUCATION HEALTH CARE PLAN? YES / NO (delete as applicable)

Telephone: 01773 716396

Fax: 01773 765814

Website: www.heanorgate.org.uk

Email: mail@heanorgate.derbyshire.sch.uk



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[11] NAME & ADDRESS OF CURRENT SCHOOL

[12] REASON FOR TRANSFER.....
(Please continue on separate sheet if required)

[13] BROTHER / SISTER AT HEANOR GATE SCIENCE COLLEGE? YES / NO (delete as applicable)

IF "YES", NAME(S) AND DATE(S) OF BIRTH

EDUCATION INFORMATION:

[14] CURRENT LANGUAGE STUDIED: FRENCH / SPANISH / GERMAN (delete as applicable)

[FOR YEAR 9 APPLICATIONS ONLY]:-

CURRENT OPTION CHOICES FOR GCSE STUDIES:.....

I/We have read and accept the arrangements described in the school's policy and that the information submitted on this form is correct. Providing fraudulent or misleading information could result in the place being withdrawn.

Signed (Parent/Carer) Date:

Please return to The Admissions Officer at Heanor Gate Science College

The data supplied on this form will be kept on computer. The school is registered for this purpose under the *Data Protection Act*.

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Kirkley Drive, Heanor, Derbyshire, DE75 7RA