



APPLICATION FORM FOR IN-YEAR TRANSFER ADMISSION

Child's full name: _____ Date of birth: _____

Parent/Carer names: _____

Address: _____

Postcode: _____

Telephone No: _____ Email: _____

If moving, future address: _____

Child's present school/playgroup/nursery: _____

Other children in the family:

Name: _____

Date of Birth: _____

School: _____

*Separate applications must be made for each child at the appropriate time. The detail of other children is not an application. In the space below you are invited to give your reasons for applying to this school or matters that you wish considered. (Please indicate if you have any church involvement.)

YES **NO** **Name of church(es) attended:**

(Please continue on the back if you require more space)

Date: _____ Signed (parent/carer): _____

Note to Applicants: You will be informed as to whether a place is available at the time requested. If a place is not available, please put a tick in the box below if you would like your child's name to be placed on the waiting list. **You are asked to contact the school each term if you wish your child's name to be retained.**

Date you would like your child to start at this school: _____

Name to be kept on file? **YES** **NO**

Please note: We are not able to operate a waiting list. You are asked to contact the school each term if you wish your child's name to be retained on file.