

PENDLE VALE COLLEGE IN-YEAR ADMISSION FORM

This form must be completed and returned to the college before your application will be considered.

SECTION 1: Child's details

Legal Surname	<input type="text"/>	First Name	<input type="text"/>
Preferred Surname:	<input type="text"/>	Middle Name (s)	<input type="text"/>

Address

Post Code:

Gender Male Female

Date of Birth	<input type="text"/>	Year Group applying for:	<input type="text"/>
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Do you wish to be put on our waiting list if we are oversubscribed in this year group Yes No

Your child's current or most recent school & address

Does your child have a Statement of Special Educational Needs or an Education, Health & Care (EHC) Plan? Yes No

If yes which Authority maintains this Statement or Plan?

Is your child 'looked after' by a Local Authority or was he/she previously 'looked after'? Yes No

If yes, give the name of your child's social worker and the Authority

Does your child have a disability (as defined in the Equality Act 2010) which affects his/her mobility or access to school? Yes No

You will need to provide written evidence of this disability from a medical professional.

Give the nature of your child's disability

Does your child have any learning or medical needs? Yes No

Give details of the medical and learning needs

SECTION 2: Reasons for request for admission or transfer

Please provide reasons why you wish to admit/transfer your child to Pendle Vale College

Have you discussed the move with the Headteacher of your child's current school? Yes No

When would you want your child to start at Pendle Vale?
(Please note Pendle Vale will only accept admissions at the start of a new half term)

Does your child have any brother(s) or sister(s) attending Pendle Vale? *(give details: Name Date of birth)*

SECTION 3: Your details

Name of Parent/Carer			
Relationship to child		Email Address	
Home telephone number		Mobile Number	

SECTION 4: Declaration

Please note that, if you deliberately give false information, we may withdraw your child's offer of a school place

All the information I have given on this form is correct to the best of my knowledge. By signing this form, I understand that I am giving my consent to Pendle Vale College to process the information in this form for educational purposes and to obtain further information about my child including attendance and/or exclusion data if appropriate. I understand that Pendle Vale College will keep this information securely.

SIGNED:

Dated:

FOR OFFICE USE ONLY

DECISION

SIGNED	DATED

Visit required		Visit Arranged	
Passport seen		Birth Certificate seen	
Year Group		Form Group	
On Roll		UPN	
CTF		Student File	
Assessments		ICT Username	
Timetable		MCAS Letter issued.	