

# THE BISHOP'S STORTFORD HIGH SCHOOL

London Road, Bishop's Stortford, Hertfordshire, CM23 3LU

Telephone: 01279 868686, Website: www.tbshs.org

## IN YEAR APPLICATION FORM



### CHILD'S PERSONAL DETAILS

Surname:		Forename(s):	
Permanent Address:		Date of Birth:	
	Post Code:	Year Group To Enter:	
Telephone:			
Email:			

### CHILD'S CURRENT/PREVIOUS SCHOOL DETAILS

School Name:		
Address:		
	Post Code:	
Telephone:	Fax:	

### PARENT/CARER DETAILS

Parent/Carer Full Name:		
Relationship to Child:		
Address:		
	Post Code:	
Telephone:	Daytime Contact Number:	

**Does the child have a statement of special educational needs or EHC (Education, Health and Care) Plan**

*If yes please attach supporting documentation*

Yes  No

**Is the child in public care (looked after or previously looked after) by the Local Authority or previously looked after from Abroad?**

*If yes please attach supporting documentation*

Yes  No

**Siblings.**

Please record names of siblings on roll. (Please see In Year Arrangements for sibling definition).

Name	Form

**Staff.**

Please record name of member of staff who is the child's legal parent (by blood, adoption or step-parent) and has been living at the same address as the child for a minimum of 2 years.

Member of Staff	

**PLEASE PROVIDE REASONS FOR CHANGE OF SCHOOL**

If you have moved/are moving into the area please give the date of that move: \_\_\_\_\_

If you have not moved, please give the reasons for a change of school:

**Parental Declaration**

If you deliberately give false information, the offer of a school place may be withdrawn.

**All of the information I have given on this form is correct and up to date. I understand that you will inform my child's current school of this application and will share the information in this application with the local authority. I understand that my child must be able to take up the allocated school place immediately and that the place may be withdrawn if not accepted within 10 school days.**

I confirm I have parental responsibility\* for this child and/or the agreement of all persons with parental responsibility (please supply written confirmation)

I enclose any required supporting documentation

Your full name \_\_\_\_\_

Your signature \_\_\_\_\_ Date \_\_\_\_\_

\* For births registered in England and Wales, parental responsibility is automatically given to the child's mother from birth. A child's father will have parental responsibility if:

- he was married to the child's mother when the child is born (even if later divorced or separated)
- the child was born after 1 December 2003, and he is named on the birth certificate
- if a parental responsibility agreement is obtained from a court or by agreement with the mother.

Please provide a copy of any appropriate court orders or residence orders with this application.

The Bishop's Stortford High School uses the HCC central clerking service for the administration of admission appeals. Parents can appeal against an admission decision, in accordance with current legislation and the School Admission Appeals Code.