



## Swanbourne Church of England (VA) School In Year Application Form



Pupil details			
Intended start date:		Current Year Group:	
Legal Surname	Legal Forename(s)		
Preferred/known as Surname	Preferred/known as Forename(s)		
Middle Name	Gender	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	Date of Birth
Does your child have a statement of Special Educational Needs or Educational Health Care Plan? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Parent/Guardian details - Please give details of both parents and, if relevant, guardian(s)			
Mr/Miss/Mrs/Ms/Dr/____			
Home No:		Relationship to child	
Mobile No:		Email address:	
Address:		Post Code:	
Mr/Miss/Mrs/Ms/Dr/____			
Home No:		Relationship to child	
Mobile No:		Email address:	
Address:		Post Code:	
Mr/Miss/Mrs/Ms/Dr/____			
Home No:		Relationship to child	
Mobile No:		Email address:	
Address:		Post Code:	
Mr/Miss/Mrs/Ms/Dr/____			
Home No:		Relationship to child	
Mobile No:		Email address:	
Address:		Post Code:	

**Supporting Information**

It is quite likely that none of the questions below will apply to your child, but if any do, please complete the appropriate sections.

1. Is the child applying for a place at Swanbourne School a Looked After by a local authority in England and Wales in accordance with Section 22 of the Children Act 1989 (B)? Yes  No

Was the child looked after previously? Yes  No

Please attach supporting documents confirming the child was or is Looked After

2. Are you or your partner a serving member of the Armed Forces? Yes  No

If you have ticked 'Yes', please state Unit and Rank

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3. Does your child have exceptional medical or social reasons why he should attend your preferred school? Yes  No

Please give details .....

4. Your child may not currently have a statement of Special Educational Needs or EHC but you may receive extra support in school for special needs. If so please can you give details

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**Present school details**

**School Name:**

**Address:**

**Email:** **Tel No:**

**Is your child currently supported by other agencies? Please tick the relevant boxes as appropriate?**

Social Services.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Educational Welfare Officers for attendance issues.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Educational Psychology service.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Child and Adult Mental Health Service.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Ad-action.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Youth Offending Team.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Other (please specify)		Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have ticked 'Yes' to any of the above, please supply contact details so we can ensure that you child can be supported through their change of schools by appropriate professionals.	Name:	
	Contact Number:	
Has your child been permanently or temporarily excluded from any of their current or previous schools?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, Please confirm which school(s) and give date(s) and reasons(s) Please note we will contact your child's current or previous schools in order to process this application.	Name:	
	Contact Number:	

The information given is correct to the best of my knowledge
Signature
Print name
Date

<p>Please forward this completed form to:</p> <p style="text-align: center;">Swanbourne CE (VA) School Winslow Road Swanbourne Milton Keynes MK17 0SW</p> <p>or by email to <a href="mailto:office@swanbourne.bucks.sch.uk">office@swanbourne.bucks.sch.uk</a></p> <p>Tel 01296 720295</p>
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