

Mid-Year Application for Potter Street Academy



You should not remove your child from their current school until a place has been secured elsewhere.

Section 1 – Pupil details

Pupil surname		
First name(s)		
Date of birth	Year group	Gender at birth: Male <input type="checkbox"/> Female <input type="checkbox"/>
Current school (or last school attended)		
Town and postcode of current school		
Is the child still attending? Yes <input type="checkbox"/> No <input type="checkbox"/>		If no, last date of attendance
If the child is known by another name please add it here		

Section 2 – Home address

House number or name		Street	
Village	Post Town	Postcode	

Section 3 – Parent/carer details

Mr/Mrs/Miss/Ms	Initials	Surname
Relationship to child		Home phone no.
Email address		Mobile phone no.

Section 4 – Reasons for change of school

a) Preferred date of admission		
b) If you are moving into the area, date of move		
New address if different to Section 2 (please attach copies of proof of address (e.g. Exchange of Contracts or signed tenancy agreement).		
House number or name		Street
Village	Post Town	Postcode <input type="checkbox"/> <input type="checkbox"/>
c) Have you discussed your reasons for wanting a different school for your child with your child's current school?		Yes <input type="checkbox"/> No <input type="checkbox"/>
d) Has your child attended any other primary school?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes' please give details: <input type="checkbox"/>		
Name of school (1) <input type="checkbox"/>		Date of leaving <input type="checkbox"/>
Reason for leaving: Moved home Permanently excluded		
Other (please give reason)		

Name of school (2)	Date of leaving
Reason for leaving: Moved home <input type="checkbox"/> Permanently excluded <input type="checkbox"/>	
Other (please give reason)	

Section 5 – Other details

Is your child cared for by a Local Authority or they a previously looked after child?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the child have an Educational Health Care Plan (previously known as a statement)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there any exceptional medical reasons why the child should specifically attend this school (in accordance with the school's Admissions Policy)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes', please attach supporting evidence from the child's doctor or other health care professional.		

Section 6 – School preference

Please state your preferred school in the box below). You do not have to give reasons for your preference. Any reasons you give should generally refer to the admissions policy.	
Preferred school	
Reasons	

Section 7 – Siblings

If you have another child at this school please enter their details below.	
Name	Date of birth

Section 8 – Other information

--

Section 9 – Declaration

I have read the notes of guidance for the completion of this form. I confirm that the information I have given is true and that I am a parent for this child.

Signed	Date
--------	------

Please return this form directly to the school for which you are applying.

If you would like full details on how a school uses personal data, please visit the school website.

If you would like full details on how ECC uses personal data, please go to www.essex.gov.uk/privacy or call 03457 430430