



Southchurch High School Application Form

Please ensure you read the Guidance Notes before completing the form

GUIDANCE NOTES:

Please use this form if you are moving into Southend on Sea, or are wishing to transfer schools during Years 7 – 11 and would like to apply for a school place at Southchurch High School.

The School is committed to working in partnership with parents/carers. We need to understand fully the academic history of your child in order that we can support them in the most appropriate way, it is therefore important that **all** sections of this form are completed in full.

Should you require help or advice with this please contact Ms Debbie Ellis (PA to the Admissions Team) on 01702 900777 or via email: admissions@southchurchschool.com

The application process is in two parts. Please ensure that Part 1 is **completed in full** with the Consent to Release Personal Information Prior to Admission form and submitted to the Admissions Team at Southchurch High School. Part 2 will be completed by your child's current school.

Part 1 (to be completed by parents/carers)

Section 1	CHILD'S DETAILS Please print
Surname	<input type="text"/>
Forename(s)	<input type="text"/>
Date of birth	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Year Group <input type="text"/>
Home address	<input type="text"/> <input type="text"/> Postcode <input type="text"/>
Current or most recent school and address of school	<input type="text"/> <input type="text"/> Postcode <input type="text"/>

If the child is not in school what educational arrangements are in place? Please provide additional notes if required.

This information is not used for the admission it is provided to support the placement at the school.

- | | | |
|---|------------------------------|-----------------------------|
| Does the child have an Education and Health Care Plan? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Is the child currently receiving SEN support in school? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Does the child have an Individual Support Plan (ISP)? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Does the child have an Early Help Assessment (EHA)? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If NO , has a EHA been initiated? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Is the child registered as disabled? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

If you have answered **YES** to any of the questions above please give details below including a contact name and telephone number:

Is your child a young carer? YES NO

If **YES**, please give details below:

You will need to attach proof of address and a copy of the passport (if you are moving from overseas) as applicable before we can process this application.

Please note changing schools is a serious step to take and you must not remove your child from their current school before you have an offer of another school place.

Additionally, please be advised upon receipt of a Consent to Release Personal Information Prior to Admission form, signed by you, Southchurch High School will contact your child's current or most recent school in order to obtain information regarding your child's academic progress, attendance and behaviour record.

Section 7

DECLARATION

Please read carefully and sign.

I confirm that:

1. I agree to meet with staff from the School to discuss this application
2. I am aware that the school may conduct checks to verify residency (e.g. request copies of two utility bills, council tax demand, home visits)
3. The information I have given on this form is true and correct
4. I understand that if it is established that I have provided false or misleading information to the school in order to gain a place, the school will withdraw any place offered.

Signed:

Name:
(please print)

Relationship to
child

Date:

Once completed, this form, with supporting documents, must be returned to:

Admissions Team
Southchurch High School
Southchurch Boulevard
Southend on Sea
SS2 4XA

It can also be emailed to admissions@southchurchschool.com



Southchurch High School

Consent to Release Personal Information Prior to Admission

Please complete the declaration below to allow us to access your child's school history from their previous school. Any data shared with Southchurch High School will be held and processed in accordance with the School's Privacy Notice.

I hereby give permission for Southchurch High School to request information and data relating to my child, from my child's time at their previous school, (enter school name).

I give permission for (enter school name) to share this data and information with Southchurch High School.

Name of Student:

Signature of Parent/Carer:

Name of Parent/Guardian:

Date: