



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

Part 1 (to be completed by parents/carers)

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

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

Has the child been permanently excluded?

YES NO

If yes, when?

What was the last date of attendance at a school?

D	D	M	M	Y	Y	Y	Y
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Section 2

PARENT / CARER DETAILS

Mr/Mrs/Miss/Ms
(or other)

Forename

Surname

Telephone no. Home

Mobile number

Email address

Address
(if
different
from
child)

Do you have parental responsibility for this child?

YES NO

What is your relationship to the child?

Is the child looked after by a Local Authority?

YES NO

If yes, which Local Authority?

Section 3

CHILD'S SIBLINGS

Has the child been previously looked after, and is now adopted, or subject to a residence or special guardianship order? YES NO

If YES please attach relevant documentation to this form.

Does your child have brother(s) or sister(s) attending Southchurch High School? YES NO

Please provide details of siblings below:

Name	Date of Birth			Form / Year Group
	DD	MM	YYYY	
	DD	MM	YYYY	
	DD	MM	YYYY	
	DD	MM	YYYY	

Section 4**ALL SCHOOLS ATTENDED**

Please provide details of **all** Primary and Secondary schools attended:

Name of School	Town	Date started	Date left

Section 5**REASONS FOR APPLICATION**

You must select one of the reasons below and provide supporting documents. Incomplete application forms will be returned.

Reasons for Application:		
a) Moving into the Southend area?	YES/NO	Moving Date: DD/MM/YYYY
b) Moving to a different address in the Southend area?	YES/NO	Moving Date: DD/MM/YYYY
c) Moving to Southend from Overseas?	YES/NO (if yes, which country?)	
d) Not moving but wanting a new school?	YES/NO	
<p>For a), b) or c) please give your new address, your intended date of moving and attach to this form a copy of either a letter confirming exchange of contracts or a tenancy agreements (tenancies for a period of less than 6 months will not be accepted)</p> <p>For d) please give the reasons why you are seeking this transfer and confirm if you have discussed this with the current Headteacher</p>		

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"/> |
| Has the child ever been in care (PLAC) | 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, a copy of the passport (if you are moving from overseas) and birth certificate 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

DECLARATION

your child's academic progress, attendance and behaviour record.

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