



Shoeburyness High School

a member of SECAT (South East Community Academy Trust)



'Expect Excellence'

In-year Secondary School Application Form

Refer to in-year transfer guidance notes and the admission booklet on www.shoeburynesshigh.co.uk before completing.
(to be completed by parents/carers)

SECTION 1		CHILDS DETAILS Please print												
Surname														
Forename(s)														
Date of Birth	DD	MM	YYYY	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Year Group	<input type="text"/>					
Home Address														
									Postcode					

SECTION 2		REASON FOR APPLICATION			
ALL OF THIS SECTION MUST BE COMPLETED – INCOMPLETE FORMS WILL BE RETURNED					
You must select one of the reasons below and provide proof of address and any supporting documents.					
(a) Moving into the Southend Area	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
(b) Moving to a different address in the Southend Area	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
(c) Moving to Southend from Overseas	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If YES which Country?
(d) Not moving but wanting a new school	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

PLEASE PROVIDE PROOF OF ADDRESS WITH YOUR APPLICATION

If you are moving, please provide your intended moving date and attach a copy of a letter confirming exchange of contracts or a tenancy agreement (tenancies for a period of less than 6 months will not be accepted)

If you are moving from overseas, you will need to attach proof of address and also a copy of the child's passport before we can process this application.

YOU MUST INDICATE THE REASONS WHY YOU ARE SEEKING THIS TRANSFER

(You may use a separate sheet of paper if needed)

APPLICATION WILL NOT
BE PROCESSED IF THIS
SECTION IS NOT COMPLETED

Please note that 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.

SECTION 3		PARENT/CARER DETAILS									
Mr/Mrs/Miss/Ms/Other		Address (if different from the child)									
Forename											
Surname											
Home Tel. No.											
Mobile No.											

Email Address															

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?

Has the child been previously looked after and is now adopted or subject to a residence or special guardianship order? If YES please attach relevant document documentation to this form. Yes No

SECTION 4		SCHOOL INFORMATION									
-----------	--	--------------------	--	--	--	--	--	--	--	--	--

Name of Current School your child is attending (including address)														
School														
Address								Postcode						

If child is not in school what educational arrangements are in place?											

What is the last date of attendance at a school?	D	D	M	M	Y	Y	Y	Y
--	---	---	---	---	---	---	---	---

Did your child take the 11+ (selective) test to enable them to be offered a place at this school?	Yes		No	
---	-----	--	----	--

Have you applied to any of the following schools directly, please tick to indicate any you have applied to:					
Belfairs Academy	<input type="checkbox"/>	Southend High School for Boys	<input type="checkbox"/>	The Eastwood Academy	<input type="checkbox"/>
Cecil Jones College	<input type="checkbox"/>	Southend High School for Girls	<input type="checkbox"/>	Westcliff High School for Boys	<input type="checkbox"/>
Chase High School	<input type="checkbox"/>	St Bernard's High School	<input type="checkbox"/>	Westcliff High School for Girls	<input type="checkbox"/>
Futures Community College	<input type="checkbox"/>	St Thomas More High School	<input type="checkbox"/>	Other, please detail	<input type="checkbox"/>

SECTION 5		CHILD'S SIBLINGS									
-----------	--	------------------	--	--	--	--	--	--	--	--	--

Does your child have any brothers or sisters attending Shoeburyness High School?	Yes		No	
--	-----	--	----	--

If YES please provide details of siblings below (please refer to the school admission criteria):		
Name	Date of Birth	Year Group

SECTION 6**ADDITIONAL INFORMATION**

If you wish to provide any additional information about your application for a place at Shoeburyness High School please provide details in this section. Please continue on a separate sheet of paper if necessary and attach to this form.

SECTION 7**DECLARATION**

Please read carefully and sign.

I confirm that:

1. I have read the school admission criteria in the Secondary School Admissions 2015/16 booklet and I am aware of the admission criteria for Shoeburyness High School.
2. I am aware that the school could approach Southend-on-Sea Borough Council to conduct a check to verify residency data.
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 at a Shoeburyness High School, the school will withdraw any school place offered.

Signed

Name
(please print)Relationship
to Child

Date

Once completed, please send this form together with all supporting documents to:

Admissions Department
Shoeburyness High School
Caulfield Road, Shoeburyness, Essex, SS3 9LL
Tel: 01702 292286
Email: schooloffice@shoeburyness.southend.sch.uk
Website: www.shoeburynesshigh.co.uk