

WESTCLIFF HIGH SCHOOL FOR BOYS



IN YEAR APPLICATION FORM

- This form is for application to the School for Years 7-11 only.
- Please note that candidates must be studying TWO Modern Foreign Languages.
- The School will contact parents when a place in the appropriate Year cohort becomes available.
- Pupils will be invited to the School for testing in Mathematics, English, Science and French/German/Spanish (4 hours approx).
- This form will be held on the School's files for ONE academic year only.
- Please include a colour copy of the pupil's passport.
- Please complete the form using **BLOCK CAPITALS**

Section 1

PUPIL'S DETAILS

Surname:

Forename(s):

Date of Birth:

Current School
Year Group

Home Address:
(inc. Postcode)

Which Local Authority do you pay Council Tax to?

Does the pupil have British Citizenship?

Yes

No

If NO, please provide evidence of residency status

Section 2

CURRENT SCHOOL INFORMATION (or last School attended)

Current School:

LA No.

DFE No.

Address of School:
(inc. Postcode)

Is the pupil still attending?

Yes

No

If NO, date of last attendance

The Local Authority is informed of all children not currently in education.

Section 3**PERMANENT EXCLUSION**

Has the pupil ever been permanently excluded?

Yes

No

If YES, please give details of the School(s) in the box below

School 1:

Date of Leaving

School 2:

Date of Leaving

Section 4**REASONS FOR CHANGE OF SCHOOL**

If you have moved / are moving into the area, please give date of move :

New Address (if different from Section 1)

If you have not moved, please give reasons for your change of School in the box below

Have you discussed your reason for wanting a different School with the pupil's current School?

If YES, who did you speak to at the pupil's current School?

Preferred Date of Admission:

Section 5**ADDITIONAL INFORMATION**

Has the pupil ever been involved with any of the following services in the last three years?

Education Welfare	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Pupil Support Officer	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Educational Psychologist	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Attendance Officer	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Social Worker	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Other (please give details)

