## **APPLICATION FOR A SCHOOL PLACE**



Please complete in BLOCK CAPITALS and return to Orchards Junior School

## Part A - Child's Personal Details



Child's Forename				
Child's Surname				
Is the name above your child's legal name? YES / NO				
If No - please state here no proof of change.	ame shown on Birth Certificate c	or Change of Name by	Deed Poll a	ind supply
Child's Legal Surname:	T		T	
Child's Date of Birth		Male / Female		
Child's Address				
Current School				
Part B - Supporting Information (Please tick relevant box if appropriate)				
My child has a statement of special educational need				YES / NO
This child <b>is / was previously</b> in public care and looked after by a Local Authority. Please confirm details of relevant authority, social worker/contact details in the box below.				YES / NO
My child has a brother / sister currently attending the Orchards Junior School				YES / NO
Sibling Name	Siblii	ng Date of Birth		
Sibling Name	Siblii	ng Date of Birth		
Part C - Confirmation				
By signing this form I confirm that I have parental responsibility for this child and that all the information given is legal and true. I understand that I must notify the school of any change in my circumstances. I understand that any offer of a place made as a result of this application may be withdrawn if I give false information or fail to notify the school of any changes.				
Print Parental Name	Relo	itionship to Child		
Mobile Tel. No: / Home Tel. No:	E mo	ail address		
Signature	Date	e of application		
Date received at school (for office use only)				