



# In Year Application Form

Please refer to our Admissions Criteria, available at [www.bishopschester.co.uk](http://www.bishopschester.co.uk)

Applicants and potential applicants are very welcome to make an appointment, via the main office, to visit the school.

## Child Details

|                  |   |                    |
|------------------|---|--------------------|
| Surname:         |   | Date of Birth: / / |
| Forename(s):     |   | Male / Female      |
| Current Address: | Address to which you are moving: <i>(if applicable)</i> |                    |
| Postcode:        | Postcode:   | Date of Move: / /  |

|                     |                             |
|---------------------|-----------------------------|
| Current Year Group: | Reason for changing school: |
|---------------------|-----------------------------|

|   |                              |  |
|---|------------------------------|--|
| School currently attending/ last school attended: | Date place requested:<br>/ / | Date child left: <i>(if applicable)</i><br>/ / |
|---|------------------------------|--|

YES ✓ NO ✓

|  |  |  |
|--|--|--|
| Is the child <b>'Cared for' by a Local Authority</b> (in public care)?<br><i>If YES, please state below which Local Authority, Social Worker details and a contact number:</i> |  |  |
| Does your child have a <b>Statement</b> of Special Educational Needs?  |  |  |
| Is your child <b>permanently excluded</b> from school?   |  |  |

## Applicant's Details:

|   |           |          |                        |
|---|-----------|----------|------------------------|
| Mr/Mrs/Miss/Ms/Dr etc                                   | Initials: | Surname: | Daytime Telephone No:  |
|   |           |          | Mobile:                |
|   |           |          | Work:                  |
| Address(es): <i>(if different from pupil's address)</i> |           |          | Relationship to child: |
| Email Address:  |           |          |                        |



*Sibling* refers to brother or sister, adopted brother or sister, step-brother or sister, half-brother or sister. *Children* refers to son, daughter, adopted child, step-child or the child of a partner.

|                 |             |                                     |
|-----------------|-------------|-------------------------------------|
| Sibling's Name: | Year Group: | Date of Birth:<br>/ /<br>/ /<br>/ / |
|-----------------|-------------|-------------------------------------|

|  |          |
|--|----------|
| Does the sibling(s) reside at the same address as the applicant?<br><i>If NO, please give details.</i> | YES / NO |
|--|----------|

**To be completed by any applicants who attend church or church activities and verified by Clergy or Church Leader**

Your vicar, minister, or other appropriate leader within the Church of England or a church which is a member of *Churches together in Britain and Ireland* or affiliated to *The Evangelical Alliance*, is asked to confirm your, or the child's, attendance; normally at least once per month at one or more of the activities listed below. Please tick ✓ all applicable

Worship    *Other church activities*     Messy Church     Christian Union  
 Sunday school     Fresh Expressions     Choir  
 Other please specify:

**Clergy or Church Leader signature:** \_\_\_\_\_ **Date :** \_\_\_\_\_

**Name, role and address of person confirming attendance at worship or other church activity**

Name: \_\_\_\_\_ Role: \_\_\_\_\_  
Address: \_\_\_\_\_

**Name and address of place of worship or activity**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

|   |                       |
|---|-----------------------|
| I declare that all the information which I have provided is true. I understand that any school/academy place offered on the basis of fraudulent or intentionally misleading information may be withdrawn. |                       |
| Signed:   | Mr/Mrs/Miss/Ms/Dr etc |
| PRINT NAME:   | Date:                 |

Once completed, please return this form to: Admissions Clerk  
The Bishops' Blue Coat C E High School Vaughans Lane, Great Boughton Chester, CH3 5XF

**If you require an acknowledgement please provide a stamped address envelope with your application**

**Data Protection Act** The Council/School/Academy maintains a Register Entry in respect of Education which includes the administration relating to pupils. Personal information provided on this form is treated in confidence and complies with the requirements of the Act. This information may also be shared with other local authorities and Primary Care Trusts.

**Verification of Information** The Council/School/Academy may verify information you have provided on this form which could involve contacting other departments of the Council who maintain appropriate records. In instances where the information provided is different from that held by them they may use the information on this form.

|  |
|--|
| <b>FOR OFFICE USE ONLY:</b><br>Date received:<br>Date offer/refusal letter sent: |
|--|