Mid-Year Application for Buttsbury Junior School

You should not remove your child from their current school until a place has been secured elsewhere.

## Section 1 – Pupil details

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| Pupil surname  |
| First name(s) |
| Date of birth | Year group |  Male Female |
| Current school (or last school attended) |
| Town and postcode of current school |
| Is the child still attending? Yes No | If no, last date of attendance |
| If the child is known by another name please add it here |

**Section 2 – Home address**

|  |  |
| --- | --- |
| House number or name | Street |
| Village | Post Town | Postcode |

## Section 3 – Parent/carer details

|  |  |  |
| --- | --- | --- |
| Mr/Mrs/Miss/Ms | Initials | Surname |
| Relationship to child | Home phone no. |
| Email address | Mobile phone no. |

**Section 4 – Reasons for change of school**

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| a) Preferred date of admission |
| b) If you are moving into the area, date of move |
| **New address if different to Section 2** (please attach copies of proof of address (e.g. Exchange of Contracts or signed tenancy agreement). |
| House number or name | Street |
| Village | Post Town | Postcode |
| c) Have you discussed your reasons for wanting a differentschool for your child with your child’s current school? Yes No |
| d) Has your child attended any other primary school? Yes No |
| If ‘Yes’ please give details: |
| Name of school (1) | Date of leaving |
| Reason for leaving: Moved home Permanently excluded |
| Other (please give reason) |
| Name of school (2) | Date of leaving |  |
| Reason for leaving: Moved home Permanently excluded |  |
| Other (please give reason) |  |

## Section 5 – Other details

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| Is your child cared for by a Local Authority or is he/she a previously looked Yes No after child?  |
| Does the child have an Educational Health Care Plan Yes No (previously known as a statement)?  |
| Are there any exceptional medical reasons why the child should specifically Yes No attend this school (in accordance with the school’s Admissions Policy)?If ‘Yes’, please attach supporting evidence from the child’s doctor or other health care professional. |

**Section 6 – School preference**

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| Please state your preferred school in the box below). You do not have to give reasons for your preference. Any reasons you give should generally refer to the admissions policy. |
| Preferred school |
| Reasons |

## Section 7 – Siblings

|  |
| --- |
| If you have another child at this school please enter their details below. |
| Name | Date of birth |

**Section 8 – Other information**

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|  |

## Section 9 – Declaration

I have read the notes of guidance for the completion of this form. I confirm that the information I have given is true and that I am a parent for this child.

|  |  |
| --- | --- |
| Signed | Date |

## Please return this form directly to Buttsbury Junior School, Norsey View Drive, Billericay, CM12 0QR

admin@buttsbury-jun.essex.sch.uk

If you would like full details on how a school uses personal data, please visit the school website.

If you would like full details on how ECC uses personal data, please go to [www.essex.gov.uk/privacy](http://www.essex.gov.uk/privacy) or call 03457 430430