



**OLNEY MIDDLE SCHOOL  
IN YEAR APPLICATION FOR A SCHOOL PLACE**

<b>1. Child's details</b>			
<b>Child's legal surname</b>		<b>First Name(s)</b>	
<b>Child's date of birth</b>		<b>Year group</b>	<b>Male/Female</b>
<b>Child's home address</b>	<b>Postcode:</b>		
<b>Name of current (or most recent) school</b>			

<b>2. Your details</b>	
<b>Name of parents/carers living at home address above</b>	
<b>Relationship to child</b>	
<b>Email address</b>	
<b>Home/daytime telephone number</b>	<b>Mobile Number</b>

<b>Emergency Contact Numbers:</b> Please give the telephone number, the name address and relationship of <b>AT LEAST ONE</b> person (other than parent of guardian) who can be contacted in case of emergency.	
<b>Name</b>	
<b>Address</b>	
<b>Relationship to Pupil</b>	

<b>Phone Number</b>	
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<b>3. Reason for admission or transfer</b>	
<b>Date admission required</b>	

<b>4. Educational factors we should be aware of</b>	
<b>Does your child hold a statement of special education needs</b>	
<b>Is your child currently undergoing assessment for a statement of special educational needs</b>	
<b>If you have answered yes to either question above please tell us which local authority is involved.</b>	
<b>Does your child speak English?</b>	
<b>Have you withdrawn your child from a school?</b>	
<b>Has your child been excluded from school?</b>	
<b>Has your child been supported by any other agencies?</b>	
<b>Is the child subject to a court order or known to any other agency, i.e. Children's Services?</b>	
<b>Please add any information you would like us to know before we process your application.</b>	

<b>Medical Information</b>	
<b>Please list any medical conditions of which the school be aware (asthma, allergies etc)</b>	
<b>Doctors Name:</b>	
<b>Address:</b>	
<b>Telephone Number</b>	

Is your child entitled to free school lunches: Yes / No

(If your child is entitled to free school meals and you wish to claim please ask at the office for an application form)

**Ethnic Information:**  
The school Census requires us to submit data on the number of pupils by ethnic group. Please complete the section below

		Tick			Tick
White	British		Asian/British	Indian	
	Irish			Pakistani	
	Traveller of Irish Heritage			Bangladeshi	
	Gypsy/Roma			Any other Asian Background	
	Any other white background		Black/Black British	Caribbean	
Mixed	White and Black Caribbean			African	
	White and Black African			Any other Black Background	
	White and Asian		Any other ethnic Background		
	Any other mixed background				
Chinese	Chinese				

Signed:

Date:

**For Office Use Only**

UPN:	
Free School Meals:	Y / N
Start Date:	
Class:	
Information Pack Issued:	
Records Requested:	

<b>Records received</b>	
<b>Signed:</b>	<b>Date:</b>