

IN-YEAR ADMISSIONS – MOUNT CARMEL R C HIGH SCHOOL

REQUEST FOR IN-YEAR SCHOOL PLACE

This application should be completed and sent back to Mr J Hill, Mount Carmel R C High School, Wordsworth Road, Accrington BB5 0LU, by post or handed into the school office marked Mr J Hill, re: Pupil Admission Request.

*Please note: Completion of this form is an enquiry for an in-year school admission and does not guarantee your child a school place offer*

1. **GENERAL INFORMATION**

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| **PERSONAL DETAILS OF STUDENT** |
| **NAME (in full)** |  |
| **YEAR GROUP** |  | **DOB** |  | **GENDER** |  |
| **CURRENT ADDRESS & POSTCODE** |  |
| **PREVIOUS/FUTURE ADDRESS (if applicable)** |  |
| **RELIGIOUS DENOMINATION** |  |
| **DO YOU HAVE ANY FAMILY / RELATIVES WHO CURRENTLY ATTEND OR RECENTLY ATTENDED MOUNT CARMEL?** |

*Please note: Start date must be at the start of a new term.*

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| **ENQUIRY DATE:** |  |
| **REQUESTED START DATE:** |  |

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| **PARENTAL DETAILS** |
| **NAME OF PARENT / CARER (Primary contact)** |  |
| **CONTACT TEL No** |  |
| **NAME OF PARENT / CARER (Secondary contact)** |  |
| **CONTACT TEL No** |  |

1. **EDUCATION HISTORY** (Please list all prior education establishments attended)

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| NAME OF CURRENT SECONDARY SCHOOL & TEL No | START DATE | LEAVING DATE | REASON FOR REQUESTED MOVE  |
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| *Please note: Following admission request we will contact your current school for attendance, behaviour and academic data.* Please indicate the name of the students current Head of year / Pastoral leader. |

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| NAME OF ANY PREVIOUS SECONDARY SCHOOLS & TEL No | START DATE | LEAVING DATE | REASON FOR LEAVING (IF APPLICABLE) |
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| NAME OF PRIMARY SCHOOLS & TEL No | START DATE | LEAVING DATE | REASON FOR LEAVING (IF APPLICABLE) |
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I confirm that the information provided in this application is both up to date and accurate at the time of completion. I am aware and consent to Mount Carmel R C High School will make enquiries with the listed education establishments for any information that will be considered pertinent to this application.

Signed ………………………………………………………………………………………….. Parent / Carer Date ………………………………….