

## APPLICATION FORM

**Years 7 - 11**

Pupil’s Surname: *(in block letters)* …………………………………………………………………………………………………………

First Names: ………………………………………………………. ………Known as: ………………………………………………….

Date of Birth: …………………………………………… Intended Date of Entry: …………………………………………………….

Intended Year of Entry: *(please circle)*: Y7 Y8 Y9 Y10 Y11

Full Names of Parent(s) or Carer(s):1 ………………………………………… 2. …………………………………………………….

(indicating Mr/Mrs/Miss/Ms/other)

Address: 1 …………………………………………………………………………………………………...…………………………….

2 ……………………………………………………………………………………………………………………………………………..

Post Code: 1 ………………… 2 …………………Home Telephone No: 1 ……………………. ….2 ……………………………….

Email address: 1.………………………………………………………………………………………………………………………….

2 ……………………………………………………………………………………………………………………………………………

Work Contact Telephone 1: ……………………………………….. … Mobile 1: ..................................................................................

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Work Contact Telephone 2: …………………………………………...Mobile 2: ...................................................................................

Present School (address/email): ……………………………………………………………………………………………………….

……………………………………………………………………….. email:……………………………………………………………

Headteacher: ………………………………………………… Telephone No: ……………………………………………………….

Reason for leaving: ……………………………………………………………………………………………………………………..

How did you hear about Beechen Cliff School (e.g media/family connections/sibling/s): ……………………………………..

……………………………………………………………………………………………………………………………………………

Please specify any known disability, medical condition or diagnosed learning difficulty which your child might have so that the SEN (Special Educational Needs) Department can be informed:

…………………………………………………………………………………………………………………………………………..

Has your child been referred to any outside agencies (please supply details): ……………………………………………….

………………………………………………………………………………………………………………………………………….

Is your child a Looked After Child (please supply details): …………………………………………………………………….

………………………………………………………………………………………………………………………………………….

Is your child eligible for Free School Meals YES/NO

**Applicable to non EU/UK Citizens only**

UK Citizen: YES/NO - Nationality …………………………………….. Passport/Visa: YES/NO Copy supplied: YES/NO

Signature of Applicant: …………………………………………………..Date: …………………………………………………..

The completed application form should be returned to the Admissions Administrator, Beechen Cliff School,

Kipling Avenue, Bath BA2 4RE