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excellence



The Deanes

Mid-Year Application Form

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

1. STUDENT DETAILS:

Surname:

Forename(s):

Date of birth:

Year Group:

Sex (Please Circle): Male/Female

Current School (or last school attended):

Town and Postcode of current school:

Is your child still attending? Y/N

If no, last date of attendance:

2. STUDENT ADDRESS:

House Number/Name:

Street:

Town/City:

Postcode:

3. PARENT/CARER DETAILS:

Mr/Mrs/Miss/Ms:

Forename:

Surname:

Relationship to child:

Do you have Parental Responsibility? Y/N

Home phone no:

Work phone no:

Mobile phone no:

Email Address:

4. SIBLINGS (AGED 5 - 16 YEARS):

Name

Date of birth

School attended

The Deanes, Daws Heath Road, Thundersley, Benfleet, Essex, SS7 2TD

Telephone: 01268 773545 Fax: 01268 770157 Email: admin@thedeanes.essex.sch.uk

5. REASONS FOR CHANGE OF SCHOOL:

Reason: Moved Home

Permanently Excluded:

Other (please give details):

Preferred date of admission:

Date of move if moving into the area:

New address if different from Section 2 above (please attach copies of proof of address):

House Number/Name:

Street:

Town/City:

Postcode:

Has your child attended any other secondary school? Y/N

If 'Yes' please give details:

Name of School:

Date of leaving:

6. WELFARE DETAILS:

Is the child cared for by a Local Authority? Y/N

If 'Yes' please give the name of the Local Authority which supports the child and provide the contact name and phone no. of the social worker:

Are you applying for a child who was previously looked after but ceased to be so because they were adopted or became subject to a Residence Order or Special Guardianship order? Y/N

7. SEN DETAILS:

Does your child have an Education Health Care Plan? Y/N

Does your child suffer from any form of disability? Y/N

If 'Yes' please give details:

8. ADDITIONAL INFORMATION:

Has your child ever been permanently excluded from any of his/her previous schools? Y/N

Has your child ever been temporarily excluded from any of his/her previous schools? Y/N

Is your child currently supported by other agencies e.g. Social Services, Missing Education and Child Employment Service, Educational Psychology Service, Child and Adolescent Mental Health Service or Youth Offending Team? Y/N

If the answer to any of the above is 'Yes', please give details of any contacts and further information which you wish us to be aware of:

If your child is currently in Year 10 or 11 please give details of any GCSE option subjects or alternative courses that they are studying. **Please note that The Deanes may not be able to offer all of these options.**

9. OTHER INFORMATION:

10. DECLARATION:

I confirm that the information I have given is true and that I have parental responsibility for this child:

Signed:

Date:

Please include a copy of your child's most recent school report.

Please return this form directly to The Deanes

Data Protection Act 1988: The personal information collected on this form may be used and shared with Essex County Council or the DfE.