



HEANOR GATE SCIENCE COLLEGE

“Develop all learners to achieve their full potential”

“Create a culture of aspiration”



In-Year Admission Application Form

INFORMATION TO BE COMPLETED BY THE PARENT/GUARDIAN:

[1] CHILD'S FULL [Legal] NAME: YEAR

[2] DATE OF BIRTH: [3] GENDER MALE / FEMALE (delete as applicable)

[4] ADDRESS

[5] FULL NAMES OF PARENTS/CARERS WITH WHOM THE CHILD LIVES AT THE ABOVE ADDRESS:

(a) (b).....

[6] CONTACT NUMBER 1 CONTACT NUMBER 2

[8] PARENTAL EMAIL ADDRESS

[9] IS THE CHILD PERMANENTLY RESIDENT IN THE UK? YES / NO (delete as applicable)

[10] IS THE CHILD IN PUBLIC CARE (“LOOKED AFTER”)? YES / NO (delete as applicable)

[11] IS THE CHILD ON AND EDUCATION HEALTH CARE PLAN? YES / NO (delete as applicable)

[12] NAME & ADDRESS OF CURRENT SCHOOL

[13] REASON FOR TRANSFER.....

[14] BROTHER / SISTER AT HEANOR GATE SCIENCE COLLEGE? YES / NO (delete as applicable)

IF “YES”, NAME(S) AND DATE(S) OF BIRTH

I/We have read and accept the arrangements described in the School’s prospectus and that the information submitted on this form is correct. Providing fraudulent or misleading information could result in the place being withdrawn.

Signed (Parent/Guardian) Date:

Please return to The Admissions Officer at Heanor Gate Science College