

APPLICATION FORM - ADMISSIONS September 2021 - August 2022

Child's Details (preferred surname if different)..... Legal Surname..... Female First Name(s)..... Date of Birth......Male Nol Is this child 'In the Care' of a Local Authority? If Yes, provide details of: Local Authority..... Name and Contact Number for Social Worker..... Was the child previously in care? Yes No (if Yes supporting evidence should be enclosed) Does this child have an Education and Health Care Plan (EHCP)? Does this child have a sibling that attends Oldfield School or that left Oldfield School within the last two years? Please provide the child's current address details below:Postcode..... Is this child a British Citizen or do they hold EEA (European Economic Area) citizenship? Yes If you have indicated No, please include a copy of your child's immigration documents. Is this child currently on roll at a school? If Yes, give name and address of current school: Email address of current school: If **No** give name and address of previous school & last date on school roll:Date....... Email address of previous school..... Reason for leaving this school..... Is this child currently being home educated? Yes ____ No ___ If Yes, please give date home education started and, if appropriate, details of any previous school attended:Date.......Date......

Has this child been permanently excluded from school?		Yes No
If Yes, is this their first permanent exclusion?		Yes No
Is your child known or working with any other external age e.g. Children Missing Education/Behavioural support/Social Wo		Yes No
If Yes, please give details:		
le this child attending the relevant age group for his/her ag		
Is this child attending the relevant age group for his/her age? Yes No If No, which year group If this child is a current Year 10 or 11 pupil, please give details of the options being followed and exam boards:		
if this child is a current fear to or 11 pupil, please give deta	ans of the options being follow	ed and exam boards:
Applicant Details – please remember to sign and date the a	mulication form	
Your title: First Name:	• •	(block conitals)
	Sumame	(block capitals)
Your address: (if different to your child)		
	Postando:	
Home telephone number:		
If applicable, reasons why applicant address is different to child	·	
in applicable, reasons why applicant address is different to child	s address.	
Email address: (please print clearly)		
Relationship to this child: (e.g. Mother/Father/Step Parent)		
Do you have parental responsibility for this child?		Yes No
a) Is there another person who could object to your application	?	Yes No
b) Is there a court order in place which affects your right to app	ly for a school place?	Yes No
c) Does this child live with you under a private fostering arrange	ement?	Yes No
Please give details if you have answered Yes to questions a, b	or c:	
I certify that the information given is correct to the best of my kn	-	
Signature of Parent/Carer:	Date:	

Please return form to Oldfield School, Kelston Road, Bath, BA1 9AB marked for the attention of the Admissions Registrar.