



**Leigh Academy Blackheath
In-Year Admissions Application Form**

*(Please complete all sections of this form using **BLOCK CAPITALS**)*

1. STUDENT DETAILS

Forename(s)			
Surname			
Preferred Name			
Date of Birth <i>(Please provide copy of birth certificate)</i>	___/___/___ (DD/MM/YYYY)	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Home Address <i>(Please provide a proof of address)</i>			
		Postcode	
Date moved to this address			
Does your child have a sibling currently attending the Academy? Please provide name of sibling - _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Looked after Child – is your child currently a looked after child?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Traveller Community - are either or both parents/carers part of the traveller community?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

2. DETAILS OF CURRENT OR PREVIOUS SCHOOL

Full Name of School <i>(If it is not a Greenwich School, please provide full address and postcode)</i>	
Telephone number of school	
Last date of attendance	
<i>Please attach a copy of your child's most recent school report if available</i>	



3. PARENT/CARER DETAILS Parent/Carer

Title		Surname	
First Names			
Relation to Student		Parental responsibility	Yes <input type="checkbox"/> No <input type="checkbox"/>
Address			
Same address as student: Yes <input type="checkbox"/> No <input type="checkbox"/>	Email Address		
Home Telephone Number		Mobile/Work number	

*(In case of emergency, **Contact 1** will always be contacted first)*

Parent/Carer

Title		Surname	
First Names			
Relation to Student		Parental responsibility	Yes <input type="checkbox"/> No <input type="checkbox"/>
Address			
Same address as student: Yes <input type="checkbox"/> No <input type="checkbox"/>	Email Address		
Home Telephone Number		Mobile/Work number	

4. ADDITIONAL INFORMATION Please state the reason why you are applying for a place at Leigh Academy Blackheath

Your Child has been permanently excluded from school <i>(If yes, please provide details)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
You have recently moved into the area	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, where you previously living overseas	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your child been previously educated at home? <i>(Please confirm how long)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>



Has there been a change in care arrangements? <i>(If yes, please provide details)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
You wish to transfer your child to another local school <i>(If yes, please provide reasons)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

5. Ethnicity

Is English your first language?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If English is not your first language please state the language you speak	
Please indicate the ethnic group to which you feel you belong:	<p>White</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. English / Welsh / Scottish / Northern Irish / British <input type="checkbox"/> 2. Irish <input type="checkbox"/> 3. Gypsy or Irish Traveller <input type="checkbox"/> 4. Any other White background, please describe <ul style="list-style-type: none"> <input type="checkbox"/> Mixed / Multiple ethnic groups <input type="checkbox"/> 5. White and Black Caribbean <input type="checkbox"/> 6. White and Black African <input type="checkbox"/> 7. White and Asian <input type="checkbox"/> 8. Any other Mixed / Multiple ethnic background, please describe <ul style="list-style-type: none"> <input type="checkbox"/> Asian / Asian British <input type="checkbox"/> 9. Indian <input type="checkbox"/> 10. Pakistani <input type="checkbox"/> 11. Bangladeshi <input type="checkbox"/> 12. Chinese <input type="checkbox"/> 13. Any other Asian background, please describe <ul style="list-style-type: none"> <input type="checkbox"/> Black / African / Caribbean / Black British <input type="checkbox"/> 14. African <input type="checkbox"/> 15. Caribbean <input type="checkbox"/> 16. Any other Black / African / Caribbean background, please describe <ul style="list-style-type: none"> <input type="checkbox"/> Other ethnic group <input type="checkbox"/> 17. Arab <input type="checkbox"/> 18. Any other ethnic group, please describe



6. Medical & Dietary Requirements

Please detail any relevant medical information about the student (e.g hearing difficulties, asthma, including current medication).	
Please detail and diagnosed allergies the student has (e.g nuts)	
Please detail any dietary requirements of the student (e.g Halal meat only)	
GP/Family Doctor (Please provide full name, address and telephone number)	
Epipen - Does your child carry an Epipen? Yes <input type="checkbox"/> No <input type="checkbox"/>	Inhaler - Does your child carry an inhaler? Yes <input type="checkbox"/> No <input type="checkbox"/>

6. SUPPORTING INFORMATION Please use this space to provide further information and comments

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7. Declaration

I certify that I am the person with parental responsibility for the child named in section 1 of this form and that the information given is true to the best of my knowledge. I agree to the Admissions Service checking Council Tax records held by the Royal Borough of Greenwich concerning the address I have given on this form as my place of residence in order to confirm that those records show me as a resident at the property. I understand that any false or deliberately misleading information on this form will render my application form invalid and could lead to the withdrawal of a school place for my child. Information supplied on this form will be used for registered purposes under the Data Protection Act 1988

Signature of Parent/Carer

Parent/Carer Name	
Signed	
Dated	

**Parents/Carers are asked to return the completed forms to: Leigh Academy
Blackheath, Victoria House, Shooters Hill Road. London, SE18 4LX**

Checklist – Before returning this form, please ensure that you have: 1. Checked the admission arrangements. 2. Provided a proof of address 3. Provided any supporting evidence. 4. Completed all relevant sections of this form. **Please do not send original copies**

FOR OFFICE USE ONLY:

INTERVIEW CARRIED OUT BY:		DATE
UPLOADED TO GREENWICH BY:		DATE
UPLOADED TO BROMCOM BY:		DATE