



# ST MARY ABBOTS CHURCH OF ENGLAND SCHOOL

## APPLICATION FORM FOR ADMISSION



**CHILDREN WITH A 'SPECIAL EDUCATIONAL NEED'**

PLEASE NOTE: IF YOUR CHILD HAS A STATEMENT OF SPECIAL EDUCATIONAL NEED, OR A STATEMENT IS PENDING, THERE IS A COMPLETELY SEPARATE ADMISSIONS PROCEDURE. PLEASE CONTACT YOUR LOCAL EDUCATIONAL AUTHORITY'S SPECIAL NEEDS OFFICER FOR ADVICE AND GUIDANCE

Please note: If it is discovered that false information has been provided to obtain a place, any offer will be withdrawn.

Please use **BLOCK CAPITALS** throughout

CHILD'S SURNAME ..... CHILD'S DATE OF BIRTH .....

CHILD'S OTHER NAMES .....

NAME OF PARENT(S)/GUARDIAN(S) .....

HOME ADDRESS .....

..... POST CODE..... HOME TEL NO .....

MOBILE NO ..... EMAIL ADDRESS .....

UNDER OUR ADMISSIONS POLICY YOU HAVE TO **CHOOSE ONE** OF FOUR ADMISSIONS CATEGORIES FOR THIS CHILD:

- 1) CHILDREN IN PUBLIC CARE PLACE    2) SIBLINGS    3) OPEN PLACES    4) FOUNDATION PLACES

THE ADMISSIONS POLICY EXPLAINS HOW PLACES ARE ALLOCATED UNDER THESE CATEGORIES, AND SHOULD BE REFERRED TO FOR FULLER DETAILS.

**SIBLINGS**

Children with any blood, half, step, adoptive and foster siblings who live at the same home address already attending the school and who will still attend the school on the date of the candidate's proposed admission.

**OPEN PLACES**

Children from families who practise faiths other than Christianity or who proclaim no religious faith.

**FOUNDATION PLACES**

Children from families who can demonstrate sustained commitment to a Christian church – that is, one which is a member of Churches Together in Britain and Ireland. Please refer to SMA Admissions Policy.

**YOU MUST TICK ONE OF THESE BOXES:**

WE WISH THIS CHILD TO BE CONSIDERED FOR A :

- 1) CHILDREN IN PUBLIC CARE PLACE
- 2) SIBLINGS PLACE
- 3) OPEN PLACE
- 4) FOUNDATION PLACE

**FOR ADMISSIONS COMMITTEE USE ONLY:**

APPLICATION QUALIFIES IN THE FOLLOWING CRITERION:

- 1) CHILDREN IN PUBLIC CARE PLACE
- 2) SIBLINGS PLACE
- 3) OPEN PLACE
- 4) FOUNDATION PLACE

**IF YOU HAVE APPLIED FOR A SIBLINGS PLACE, PLEASE FILL IN THIS BOX:**

BROTHER(S) AND/OR SISTER(S) WHO WILL BE ATTENDING THE SCHOOL ON THE APPLIED-FOR DAY OF ENTRY:

FULL NAME ..... YEAR ..... FULL NAME ..... YEAR.....

Signed ..... Date.....