

**Application for casual in-year admissions for entry to
St Thomas More Catholic Primary School**
(Please complete in BLOCK CAPITALS and tick the relevant boxes)



1. Child's details

First name/s		Surname:	
Date of birth:	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	Current year grp:
In this child in public care?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
If yes, please state the name of the council:			
Name of social worker:		Social worker's phone number:	
Does your child have a state of special education needs?		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

2 Parent/carer details

Title:	Initial:	Surname:
Relationship to child, eg mother:		
Current address:		
Postcode:		
Home phone:	Work phone:	
Mobile phone:	Email address:	
Are you a UK service personnel or crown servant? (if yes please ensure proof of posting is provided with this application)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Are you already a Medway resident? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you moving to Medway? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give the address you are moving to:	
Postcode:	
When do you expect to move? (please give the date) (Please provide proof of move with this application)	

3 Current or previous school (s)

Name of current or last school attended:	
Address:	
Headteacher's name:	Postcode:
	Phone number:
If your child has attended a Medway school previously or has been withdrawn from school to be educated otherwise, for example, at home, please give details – name of school and dates attended:	

4. Child's needs

Does your child have SEN support?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child have an EHCP	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes please describe diagnosis/details of your child's needs:		
Are there any external agencies involved? Eg children's services, children's health, speech & language, OT etc	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child have any medical requirements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please describe the needs/requirements:		

5. Preferred Schools

If you wish to seek a place in this school, please give your reasons

Name of preferred Medway School	DFE Number	Reasons (please state any sibling names, date of birth and gender)
Date School place required:		

If there are any mitigating circumstances why you want your child to attend this school please use a separate sheet of paper.

Signed:	Date:
Print full name (including title)	Parent/carer (please delete as appropriate)