



**EDEN PARK
HIGH SCHOOL**

Application for transfer from Primary to Secondary Education in September 2017

Please read the advice given in the Bromley 2017 Moving on to Secondary Education leaflet and booklet.

Completed forms must be returned to: Eden Park High School, c/o E21C, Hayes Lane, Bromley BR2 9EH by the national deadline Saturday 31st October 2016.

Applications will only be processed if supporting documents have been received by Eden Park High School.

Do NOT complete this form if your child has a statement of special educational needs. Contact the SEN team at Bromley Borough on 020 8313 4164.

Please Note: you cannot apply for Eden Park High School using the Common Application Form, you must apply direct to the school.

1. Child's details

First name	<input type="text"/>
Second name	<input type="text"/>
Date of Birth	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>
Current Primary School	<input type="text"/>
Borough of	<input type="text"/>

2. Parent 1 / Carer 1 living at same address as child (Correspondence will be addressed to the first named parent/carer)

Mr/Mrs/Miss/Ms/Dr etc	<input type="text"/>	First name	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>	
Relationship to child <small>(Please tick as appropriate)</small>	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Step Parent <input type="checkbox"/>
	Foster Parent <input type="checkbox"/>	Social Worker <input type="checkbox"/>	Other Contact <input type="checkbox"/>
	Other Relative <input type="checkbox"/>		
Home tel no	<input type="text"/>	Daytime tel no	<input type="text"/>
Mobile	<input type="text"/>	E-mail	<input type="text"/>
Address	<input type="text"/>		
Postcode	<input type="text"/>		

Parent 2 / Carer 2 living at same address as child (if applicable)

Mr/Mrs/Miss/Ms/Dr etc	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	First name	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Surname	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
Relationship to child <i>(Please tick as appropriate)</i>	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Step Parent <input type="checkbox"/>	Foster Parent <input type="checkbox"/>	Social Worker <input type="checkbox"/>	Other Contact <input type="checkbox"/>	Other Relative <input type="checkbox"/>
Home tel no	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Daytime tel no	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Mobile	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	E-mail	<input type="text"/>				
Address	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
Postcode	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						

3. Children in Public Care

Is, or has your child been in public care	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Local Authority	<input type="text"/>
---	------------------------------	-----------------------------	-----------------	----------------------

4. Parent/Carer with parental responsibility but not living with the child

Mr/Mrs/Miss/Ms/Dr etc	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	First name	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Surname	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
Relationship to child <i>(Please tick as appropriate)</i>	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Step Parent <input type="checkbox"/>	Foster Parent <input type="checkbox"/>	Social Worker <input type="checkbox"/>	Other Contact <input type="checkbox"/>	Other Relative <input type="checkbox"/>
Home tel no	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Daytime tel no	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Mobile	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	E-mail	<input type="text"/>				
Address	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
Postcode	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						

5. Pupil Premium Grant

Is your child entitled to PPG <i>(please tick the box if this applies to your child)</i>	Yes <input type="checkbox"/>
--	------------------------------

6. Declaration and Signature(s) of Parent(s)/Carer(s)

- ◆ I/We wish to apply for a place at Eden Park High School.
- ◆ I/We certify that I am/we are the person(s) with parental responsibility for the child named in 1. Child's details and the information given is true to the best of my/our knowledge and belief.
- ◆ I/We understand that any false or deliberately misleading information given on this form and/or supporting documents (or any relevant information withheld) may render this information invalid or lead to the offer of a place being withdrawn. There could also be legal implications.
- ◆ I/We understand that I/we may be asked to provide further documentary evidence to support my/our application.

Signature(s) of Parent(s)/Carer(s):

Date: / /