



# APPLICATION FOR IN-YEAR TRANSFER

Please complete and return this form to:

Mrs K Lee, Admissions, Eden Park High School, Hayes Lane, Bromley BR2 9EH or email: klee@e21c.co.uk

This form must be completed fully, signed and returned with all the required documents: a copy of your **most recent council tax bill for 2017/2018** AND a copy of your **child's birth certificate** or **valid passport**. **YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT THE REQUIRED SUPPORTING DOCUMENTS.**

Once received we will respond in writing.

**If your child has an Education Health and Care Plan (EHCP) please do not complete this application form. Contact the Special Needs team in your home authority.**

## 1. Child's details

First name

Surname

Date of Birth

Address

Postcode

Current School

Borough of

Year Group Applying for: **7 / 8 / 9 / 10 / 11** (please circle)

Sibling: Does this child have a sibling at EPHS: Yes  No  If Yes, Name of sibling

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

Mr/Mrs/Miss/Ms/Dr etc

Surname

Relationship to child (Please tick as appropriate) Mother  Father  Step Parent  Foster Parent  Social Worker  Other Contact  Other Relative

Home tel no  Daytime tel no

Mobile  E-mail

Address

Postcode

## 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"/>				
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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"/>				
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## 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"/>
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## 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"/>				
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## 5. Pupil Premium Grant

Is your child entitled to PPG *(please tick the box if this applies to your child)* Yes

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

- I certify that I am the parent/carer with parental responsibility for the applicant child named in Section 1 and that the child and I are currently resident at the application address.
- I certify that the information given is true and complete. Any false or deliberately misleading information given on this form and/or supporting documents may render this application invalid or lead to an offer of a place being withdrawn even if my child has started at the school.
- I understand that my application will not be processed without all the supporting documents.

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

Date:  /  /

### For Office Use Only

Date Received:

Documents Received: Yes / No

Year Group:

Sibling: Yes / No

Place offered / Waiting list