**Admission to S1/2: Registration of Interest**

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| --- | --- | --- | --- |
| **Student’s Name:** |  | **Date of birth:** |  |
| **Student’s Current Address:** |  |
| **Student’s New Address(if applicable):** |  |
| **Date of Occupation****(if applicable):** |  |
| **Current School:** |  |
| **Current Year Group:** |  | **Year Group Applying For:** |  |
| **Modern Language Studied:** |  |
| **Contact name at the current school:**(Year Head/Pupil Support Leader) |  |
| **Reason for application:** |  |
| **Requested Start Date:** |  | **Parent’s Name:** |  |
| **Parent Signature:** |  | **Date:** |  |
| **Email Address:** |  |
| **Contact Telephone Number(s):** |  |
| **Does your child have any additional support needs? Y/N****If so please details:** |  |

**Office Use**

|  |  |
| --- | --- |
| **School Catchment Area:**  | Yes/NO |
| **Place Available:** | YES/NO |
| **Action:**  | Enrolment Refusal Waiting List |
| **Date Application Received:** |  |