

BISHOP WORDSWORTH'S CHURCH OF ENGLAND GRAMMAR SCHOOL

APPLICATION FORM FOR ENTRY INTO YEARS 7-11 FOR BOYS ALREADY AT SECONDARY SCHOOL

This form requests supplementary information required to administer the Governors' Admissions Policy and should be completed and returned to the Admissions Officer at Bishop Wordsworth's School, Exeter St, Salisbury SP1 2ED. Any queries – please email admissions@bishopwordsworths.org.uk

Parent(s)' includes guardian(s) or any person who has parental responsibility for the boy or who has care of him.

Child's Information (all sections must be completed)		
Surname:	Forename:	Date of Birth:
Current School Year Group:	Date for which Admission Required:	
Current School:		
Permanent Home Address:		
Post Code:	Mobile Tel:	
Email Address:	Home Tel:	
<p>Is this the above address where your son is registered with his GP? Yes/No [please delete]</p> <p>If different from above, please EITHER provide the address where your son is registered with his GP (please note that documentary evidence less than six months' old may be required)</p> <p>.....</p> <p>OR please state which parent is the Child Benefit recipient for your son? Mother/Father</p>		
<p>Are there any special access arrangements including special educational needs and disabilities regarding your son's application which you feel may affect your son's performance in the test (medical, educational, personal or language barrier). If yes, please complete the separate Special Access</p>		YES/NO
<p>Does your son have an EHCP (Education Health and Care Plan)? <i>(NB this does not include SEND support)</i></p>		YES/NO

Parent's Information (all sections must be completed)
Title (eg Mr/Mrs/Ms), and full name(s):
Address (if different from son's):
Contact telephone number for a parent the child resides with:
Contact email address for a parent the child resides with:

PRIORITY FOR ADMISSION

Please answer the questions below giving accurate information. The answers you give will help us to establish your son's priority for admission in the event the School is oversubscribed. The full list of criteria is given in the Information Leaflet.

1	Is the child in Public Care eg fostered, in a residential home etc? Was the child previously 'looked after' but immediately after being 'looked after' became subject to an adoption, residence or special guardianship order?	YES / NO YES / NO
2	Does your child meet the eligibility criteria for free school meals at his current school or qualify for the Pupil Premium Grant (PPG)? If yes, please supply documentary evidence of the appropriate support payment entitling your son to free school meals or the PPG eg Income Support (IS) or Income Based Jobseekers Allowance (IBJSA). Please note that verification checks may be made.	YES / NO
3	Does your child have an older brother or sister (including foster, step or half-brother/sister or the child of the parent's partner) who lives at the same home address and will still be attending Bishop Wordsworth's in the academic year? If yes what is the name of the brother/sister	YES / NO
4	Does the child named live at the same residence of at least one parent who is a contracted member of staff at Bishop Wordsworth's School and has been for two or more years on the date of application. If yes, what is the name of the employee	YES / NO
5	Does the child named qualify for the Service Premium If so, please provide evidence that a parent is or has been a member of the Armed Forces (Regular or Full Time Reserve) at any time since January 2015, or evidence that the child is in receipt of an MOD child pension.	YES / NO

Have you read a copy of the Post 11+ Entry Information Leaflet? **YES/NO**

Have you completed an application to your Local Authority for an in year transfer? **YES/NO**

Have you read and do you agree with the conditions of the privacy notice attached? **YES/NO**
(if not we are not allowed to consider this application)

To the best of my knowledge, the information I have given is correct and I will advise the School in writing of any changes of information to this form. I understand that providing incorrect or misleading information could lead to the withdrawal of the offer of a place

SIGNED: **DATE:**

PRINT NAME: **RELATIONSHIP TO CHILD:**