



To act justly, to love with mercy and to walk humbly with our God – Micah 6:8

IN YEAR APPLICATION FORM

IY

Has the child's current/previous school been advised of this application?	Yes/No
Do we have permission to contact the child's current/previous school with regards to this application?	Yes/No

NAME OF SCHOOL WHICH YOU WISH TO APPLY FOR		YEAR GROUP
CHILD DETAILS	Surname:	Forename:
	DOB	Male / Female (<i>please delete as appropriate</i>)
Current Address:-		Address in Cheshire West and Chester to which you are moving:- (<i>if applicable</i>)
Postcode	Postcode	Date of moving:
Telephone contact numbers:-		
Email Address: (if applicable):-		
Date place required:		
Reason for Changing School:		
School currently attending / last school attended:		
Date child left (if applicable):		
UPN No. (this can be obtained from the current school)		
Is the child ' Cared for ' by a Local Authority (<i>in public care</i>)? If yes, please state below which Local Authority, Social Worker details and a contact number:	Yes ✓	No ✓
Is your child baptised Roman Catholic ?		
Does your child have an Education Health Care Plan (EHCP) ?		
Is your child permanently excluded from school?		



Applicants details			
Mr/Mrs/Miss/Ms/Dr etc	Initials	Surname	Daytime Telephone No:
Address(es) (if different from pupil's address) and email address (where available)			
Relationship to Child			

Siblings (and any other children living at the same address).		
A sibling means the brother, sister, stepbrother or stepsister, half brother or half sister living together as part of one household, already attending the preferred school and expected to continue at the school in the following school year.		
Sibling's Name	School and Year Group	Date of Birth
Does the sibling reside at the same address as the applicant? If no, please provide details.		Yes/No

<p>Other Relevant Circumstances Please include here any further information which you consider may be relevant to your preference. . Continue on a separate sheet, if necessary. Please provide full details of dual residency, if applicable.</p>

I declare that all the information which I have provided is true. I understand that any school place offered on the basis of fraudulent or intentionally misleading information may be withdrawn.	
Signed	Mr/Mrs/Miss/Ms/Dr etc.
Print Name	Date

Once completed, please return this form to: **Mrs K Ireland, PA, The Ellesmere Port C of E College, 164 Whitby Road, Ellesmere Port, Cheshire CH66 6EA** email: kireland@epcollege.org

If you require an acknowledgement please provide a stamped address envelope with your application.

Data Protection Act The Council/College maintains a Register Entry in respect of Education which includes the administration relating to pupils. Personal information provided on this form is treated in confidence and complies with the requirements of the Act. This information may also be shared with other local authorities and Primary Care Trusts.

Verification of Information The Council/College may verify information you have provided on this form which could involve contacting other departments of the Council who maintain appropriate records. In instances where the information provided is different from that held by them they may use the information on this form.

For office use only

Date received	Date Offered/No offer
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