HOLLAND PARK SCHOOL IN-YEAR STUDENT APPLICATION FORM

		STUDENT D	ETAILS		
Legal Family Name					
Legal Forename					
Middle Name(s)					
Date of Birth				Gender	0
	Day Month Y	ear		Male	0
				Female	0
School Year Applying For	Year 7	Year 8	Year		Year 11
Home Address	0	0	0	0	0
Home Address					
	Postcode:		Borough of Re	esidence:	
	Is this a permanent addre	ess: Yes O	No O		
Do you have any other children currently attending Holland Park?	Provide name(s)		Da	ate of Birth(s)	
Are you a British passport holder?	Yes O No O			no, please provide your ate of Entry to UK?	/ / Day Month Year
			Co	ountry arrived from	
		ARENT/ CARE	1		
Name of Parents/Carers (Complete 1 block per parent/ carer)	Mr / Mrs / Ms / Miss / Dr First Name F	amily Name		/ir / Mrs / Ms / Miss / Dr ïrst Name Fami	ily Name
Home address if different from above					
Relationship to student					
Home Telephone					
Work Telephone					
Mobile					
Email					

STUDENT HISTORY

SOCIAL AND/ OR MEDICAL NEEDS

Children in Public Care, previously in care, adopted from care (please plane)	n in Public Care, previously in care, adopted from care (please provide a letter from a social worker confirming this information):				
Is the child in the care of a local authority?	No	0	Yes	0	
If yes, please state which local authority					
Children with Special Educational Needs:					
Does the child have a statement of Special Educational Needs?	No	0	Yes	0	

APPLYING FOR A PLACE AT HOLLAND PARK SCHOOL

(Reason for	r Applying.	. Please tick the	appropriate box)
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If you have recently moved to London from abroad	0
If your child has been attending an Independent fee paying school and you prefer him/ her to recieve a state education	0
If your child is attending a school but you want to move him/ her to a different school	0
If your child is being educated at home and you would like him/ her to return to state education	0
If your child has been permantley excluded from a school	0

PREVIOUS EDUCATION

If educated abroad, when did your child commence educa	tion in the UK?	/ / Day Month Year		
School(s) Last Attended (state Country if not in UK)	From	То	Type of School eg Primary/Secondary	Reason for leaving/ seeking transfer
Name				
Address				
Name				
Address	/ /			

DECLARATION

I certify that I have parental responsibility and am the main carer for the child named in this application and that the information which I have given is true to the best of my knowledge. I understand that if I have knowingly given false or misleading information on this form or in supporting papers, or withheld relevant information, it might render this application invalid and lead to the withdrawal of an offer of a school place for my child. Please refer to our Data Protection Declaration.