



Barr Beacon School

Mid-Year Admission Application

Child's Information	
Child's Forename	
Child's Surname	
Date of Birth	
Current Academic Year	
Proposed Admission Date	
Gender	
Home Address	
Parent/ Carer Information	
Parent/ Carer's Forename	
Parent / Carer's Surname	
Contact Number	
School Information	
Current Schools Address	
Reason for Leaving Current School	
Primary School Attended	
Please list any previous schools with dates attended	

Criteria	
Is the child in Public Care? (Looked After Child)	Yes/ No
Does the child have a Statement of Special Educational Needs or EHCP?	Yes/ No If so, please provide details:
Does the child have a sibling currently attending the school? (Sibling must attend when the application is made and must still attend the school at the proposed admission date)	Yes/ No
Sibling's Name	
Sibling's Form Group	

Any Additional Comments

**Please note Barr Beacon School opens a new waiting list each academic term.
It is parent's responsibility to ensure their child remains on the waiting list into each new term.**

Signed: (Parent/ Carer)	
Print Name	Mr/ Mrs/ Miss/ Ms
Date	

Office Use Only		Please return completed form to: Miss G Cox Barr Beacon School Old Hall Lane Walsall WS9 0RF Or by email: gcox@barrbeaconschool.co.uk
Date Received		
Autumn Winter		
Spring		
Summer		