



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 |
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**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: jcleary@barrbeaconschool.co.uk |
| Date Received | | |
| Autumn Winter | | |
| Spring | | |
| Summer | | |