



Futures Community College Application Form

Please ensure you read the Guidance Notes before completing the form

GUIDANCE NOTES:

Please use this form if you are moving into the Borough or wishing to transfer schools during Years 7 – 11 and would like to apply for a school place at Futures Community College.

The School is committed to working in partnership with parents/carers. We need to understand fully the academic history of your child in order that we can support them in the most appropriate way, it is therefore important that **all** sections of this form are completed in full. Should you require help or advice with this please contact Debbie Alliston (PA to the Admissions Team) on 01702 415300 ext. 5316 or via email: admissions@futures.uk.com.

The application process is in two parts. You need to ensure **both** parts are **completed in full** and submit them to the Admissions Team at Futures Community College.

Part 1 (to be completed by parents/carers)

Part 1: Section 1

CHILD'S DETAILS Please print

Surname																				
Forename (s)																				

Date of birth	DD	MM	YYYY	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Year Group	<input type="text"/>
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Home address																		
												Postcode						

Current or most recent school and address of school																		
												Postcode						

If child is not in school what educational arrangements are in place?															
	<small>Please provide additional notes if required</small>														

What was the last date of attendance at a school?	D	D	M	M	Y	Y	Y	Y
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Part 1: Section 2

PARENT / CARER DETAILS

Mr/Mrs/Miss/Ms (or other)					Address (if different from child)															
Forename																				
Surname																				
Telephone no. Home																				
Mobile number																				

Email address																				

Do you have parental responsibility for this child?

YES/ NO

What is your relationship to the child?

Is the child looked after by a Local Authority?

YES/ NO

If yes, which Local Authority?

Has the child been previously looked after and is now adopted or subject to a residence or special guardianship order?

YES/ NO

If YES please attach relevant documentation to this form.

Part 1: Section 3

CHILD'S SIBLINGS

Does your child have brother/s or sister/s attending Futures Community College?

YES/ NO

Please provide details of siblings below:

Name	Date of Birth			Form / Year Group
	DD	MM	YYYY	
	DD	MM	YYYY	
	DD	MM	YYYY	
	DD	MM	YYYY	
	DD	MM	YYYY	

Part 1: Section 4

ALL SCHOOLS ATTENDED

Please provide details of all Primary and Secondary schools attended:

Name of School	Town	Date started	Date left

Part 1: Section 5

REASONS FOR APPLICATION

You must select one of the reasons below and provide supporting documents. Incomplete application forms will be returned.

Reasons for Application:		
a) Moving into the Southend area?	YES / NO	Moving Date: DD/MM/YYYY
b) Moving to a different address in the Southend area?	YES / NO	Moving Date: DD/MM/YYYY
c) Moving to Southend from Overseas?	YES / NO (if yes, which country?)	
d) Not moving but wanting a new school?	YES / NO	

For a), b) or c) please give your new address, your intended date of moving and attach to this form a copy of either a letter confirming exchange of contracts or a tenancy agreements (tenancies for a period of less than 6 months will not be accepted)

For d) please give the reasons why you are seeking this transfer

You will need to attach proof of address and a copy of the passport (if you are moving from overseas) as applicable before we can process this application.

Please note changing schools is a serious step to take and you must not remove your child from their current school before you have an offer of another school place.

If your child is attending a school in England or Wales you must provide a fully completed Part 2

Part 1: Section 6

Declaration

Please read carefully and sign.

I confirm that:

1. I agree to meet with staff from the School to discuss this application
2. I am aware that the school may conduct checks to verify residency (e.g. request copies of two utility bills, council tax demand, home visits)
3. The information I have given on this form is true and correct;
4. I understand that if it is established that I have provided false or misleading information to the school in order to gain a place, the school will withdraw any place offered.

Signed

Name (please print)

Relationship to child

Date

Once completed this form, with supporting documents, must be returned to the
Admissions Team
Futures Community College
Southchurch Boulevard
Southend-on-Sea
SS2 4UY

It can also be emailed to admissions@futures.uk.com

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Part 2



To be completed by the current school.
The parents/carers have the responsibility of ensuring this form is completed and returned to Futures Community College

Part 2: Section 1

CHILD'S DETAILS Please print

Surname														
Forename (s)														
Date of birth	DD	MM	YYYY	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Year Group	<input type="text"/>					
Name of Parent														

Part 2: Section 2

To the current school: In relation to the above student it would be appreciated if the following information could be provided and the form emailed to admissions@futures.uk.com with the minimum of delay. This information is only used to facilitate the placement and not as part of the decision to admit.

Is the student still on the school roll?	YES/	NO	
If No, when was the student removed from the roll?	DD	MM	YYYY
Does the child have a statement of Special Educational Needs?	YES/	NO	
Is the child currently being supported at either School Action or School Action+?	YES/	NO	
Does the child have an Individual Education Plan (IEP)?	YES/	NO	
Does the child have a Common Assessment Form (CAF)?	YES/	NO	
If NO has a CAF been initiated?	YES/	NO	
Is the child registered as disabled?	YES/	NO	

If you have answered YES to any of the questions in above section please give details below:

Have any of the following services been involved with the child in the last 3 years?		
School Attendance	YES/	NO
Educational Psychologist	YES/	NO
Social Worker	YES/	NO
Child & Family Services	YES/	NO
Home Education	YES/	NO

If you have answered YES to any of the questions in above section please give details below (including a contact name and telephone number):

Attainment (National Curriculum levels):

KS2 Maths Teacher Assessment Level:	Test Level:
KS2 English Teacher Assessment Level:	Test Level:
KS2 Science Teacher Assessment Level:	
KS3: Maths Teacher Assessment Level:	KS3: English Teacher Assessment Level:
KS3: Science Teacher Assessment Level:	

Please indicate the subjects currently being studied and the latest report level/grade for each one, alternatively please attach a copy of the student's latest report.

English:	Maths:	Science:
French:	Spanish:	Other MFL:
Geography:	History:	Religious Education:
Art:	Drama:	Music:
Technology:	ICT:	Physical Education:
For Years 10 and 11 please list other subjects being studied, including Exam Boards:		
Any other information you feel may be useful:		

Attendance and Exclusions

Attendance % (previous year group)		Attendance % (current year group)	
2014/15	%	2015/16	%

Fixed period exclusions:		
Date	Number of days	Reason for exclusion

Permanent exclusion:	
Date	Reason for exclusion

If you have any further information that you believe will be relevant to this application please attach to this form. Please provide contact details of the school representative completing this form:

Name		School Address																																									
Designation																																											
School name																																											
Telephone no.																																											
Fax number																																											
Email address	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																																										

Signature _____

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