



WALTON HIGH

APPLICATION FOR IN-YEAR ADMISSION



Child's legal name										
Date of birth				Nationality						Male/ Female (Please circle)
Current year group (please tick)	7		8		9		10		11	
Preferred campus (please tick)	Walnut Tree							Brooklands		
Date admission required						Please note Brooklands Campus currently admits into Yrs 7, 8 & 9 only				
Child's normal home address										
	Postcode:									
Name of Parent/ Carer(s) living at the home address. This must be the person(s) with parental responsibility for the child.	Title(s): Mr, Mrs Miss, Ms									
	Relationship to child:					Email address:				
	Home telephone number:					Mobile Telephone number:				
If another adult has parental responsibility but does not live at the same address as the child, please provide details.	Name:					Telephone Number:				
	Address:									
Have you recently moved to Milton Keynes from elsewhere in the UK or abroad?	Yes / No (Please circle)		If yes, please confirm where you lived prior to your move. Date moved to Milton Keynes:/...../.....							
Name and address of child's current school.	If now left this school, please give last date of attendance:/...../.....									
Has your child been excluded from their current or previous school?	Yes / No (Please circle)		If yes please give details.							
The school normally serving my area is.										
Does your child have a statement of special educational needs or an EHCP?	Yes / No (Please circle)		If 'yes' please contact the Local Authority on 01908 253414 for advice and do not complete this form. If no, give details of any needs which would need to be supported by Walton High.							

Is your child looked after, or has been previously looked after, by a local authority?	Yes / No (Please circle)	If yes, please provide details: Name of Local Authority: Contact Name: Telephone number:
Transferring school within Milton Keynes	Yes / No (Please circle)	Please tell us your reasons for requesting a school transfer.

SCHOOL SECTION - IMPORTANT

If you are seeking a transfer to Walton High from another school within the Milton Keynes area the head teacher of the child's current school must complete this section before we can process your application. The form needs to be stamped with the school stamp.

Child's Name:

Has the parent discussed the transfer request with you and are there any reasons why you feel the change of school would be detrimental to the child in any way?

Does the child have any special needs?

Statement or Educational and Healthcare Plan (EHCP) Yes/ No

Is the child included on the Special Needs Register? Yes/ No

Does the child have any exclusions?

Are there any attendance related issues?

Please give % attendance and number of unauthorised absences in the last twelve months.

%

Other information which may be relevant to the application. Please continue on a separate sheet if required. (Behavioural issues, if applicable, previous schools attended in the last two years, if known)

Name	School Stamp
Position	
Signed	
Date	

Please give details of any brothers or sisters who are in fulltime education at Walton High

Name

Date of Birth

Year

Reasons for your application

Please note in all cases you will need to provide proof of address.

Please tick

House move into/ within Milton Keynes area

Move from overseas

Transfer from another school within Milton Keynes

Please give reasons why you would like your child to attend Walton High:

Walton High reserves the right to make its own enquiries to verify any information supplied on admission application forms. If the school discovers that a place has been given to a child based on false, inaccurate or misleading information, it will withdraw the place.

Parent/guardian/carer's name
(Please circle)

PLEASE PRINT NAMES

Declaration

I certify that I have parental responsibility for the child named above.

I certify the details declared on this form and attachments are true and correct and understand any misleading information or relevant information withheld could lead to the withdrawal of an offer of a place at Walton High.

I hereby authorise Walton High to contact my child's previous school if required.

Parent signature

Date

Before returning this form please ensure that you have:

- Completed all relevant sections of the form
- Included school section if applicable
- Enclosed copies of all relevant documentation i.e. Birth certificate/ Birth certificate and relevant passport Visa entry/ Council Tax/ Utility Bill/ Tenancy Agreement/ Exchange of Contracts.

Please note the application will not be processed without receipt of these documents.

Please return the completed form and relevant documentation to:

Admissions, Walton High, Fyfield Barrow, Milton Keynes MK7 7WH

Or email admissions@mket.org.uk

FOR OFFICE USE ONLY

Date form received

All relevant sections completed: YES/ NO

All relevant documentation enclosed: YES/ NO