

# The Island Free School - In-Year Application Form

Please only use this form if your child is currently attending secondary school

\* Required

**1. What year group are you applying for? \***

*Mark only one oval.*

- Year 11
- Year 10
- Year 9
- Year 8
- Year 7

**2. Child's forename(s) \***

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**3. Child's Surname \***

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**4. Address \***

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**5. Postcode \***

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**6. Date of birth (dd/mm/yyyy) \***

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**7. Contact telephone number \***

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**8. E-mail address \***

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**9. Child's current school \***

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**10. Does your child have a special educational need? \****Mark only one oval.* Yes No**11. Does your child have an EHCP (Educational Health Care Plan)? \****Mark only one oval.* Yes No**12. Is your child in the care of the local authority? \****Mark only one oval.* Yes No Other: \_\_\_\_\_**13. Title \****Mark only one oval.* Mr Mrs Miss Ms Dr Other: \_\_\_\_\_**14. Forename(s) \***

\_\_\_\_\_

**15. Surname \***

\_\_\_\_\_

**16. Relationship to child \***

\_\_\_\_\_

**17. Address (if different from child)**

\_\_\_\_\_

**18. Are you a founder of The Island Free School? \****Mark only one oval.* Yes No

**19. Are you a qualifying member of staff at The Island Free School? \****Mark only one oval.* Yes No**20. Does your child have a qualifying sibling at the school? \****Mark only one oval.* Yes No**21. Name of sibling (if applicable)**

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**22. I (we) confirm that all the information on this form is correct and that I (we) have parental responsibility for the child named in Section A. Where parental responsibility is shared with another person with whom the child does not ordinarily live, I confirm that I have made the person aware of this application. I (we) understand that The Island Free School reserves the right to verify the information that I (we) have provided and that any offer of a place based on false information will be withdrawn. \****Mark only one oval.* Yes

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