Sir John Hunt



Office Use Only							
Date received: / /							
Proof of address seen: YES/NO							
DOB proof seen: YES/NO							
Distance:							

LA informed of outcome (date): /

In-Year Admissions Application Form

1. Student's details – Please complete this form in full. If the space provided is not sufficient in any section, please attach a separate sheet. If you have any queries when completing the form, please contact the admissions officer: sjhinyearadmission@sjhcsc.co.uk

Surname:	Forename(s):		Middle name(s):	
Preferred Name:	Date of Birth:		Sex (please tick)	Male Female
Current Address (this must be the student's normal place of residence, not a relative's or carer's address):	House/Flat Name/Street: Second Line: City:			
	Post Code:			
Previous address (if within last two years):	House/Flat Name/Street: Second Line: City:			
	Post Code:			
		•		

Name of the School you want to apply for:

Name:	Sir John Hunt Comn	nunity Sports	College	Year group:			
If this student has a sibling at the school named above, please complete details below (for the definition							
of 'sibling' please see the schools over subscription criteria detailed in the Admissions Arrangements							
available on the school website).							
Name of		Date of		Sibling current			
sibling:		birth:		year group:			

Name and address of current scho	ool (if a student is currently Ele the last school they atten	ective Home Education (EHE) please state		
	the last school they attend	uea)		
School Name:				
Road:				
City:				
Post Code:				
Start date at current school:				
Is your child currently attending th	nis Yes/No			
school:				
If No what was the date they last				
attended?				
If No are they currently EHE	Yes /No			
Moving house:				
Woving House.				
If you are moving house, please gi	ve your intended new addres	s, the date you intend to move and		
provide proof with this application	n:			
	House/Flat			
Intended new Address	Name/Street:			
Second Line:				
	City:			
Data a distribution of the factor	Post Code:			
Date you intend to move (proof of				
be provided with this application):				
Further information:				
		<u> </u>		
Has this student been excluded	Fixed period	Yes \square No \square		
from school within the last 12				
months?	Permanent	Yes \square No \square		
Does this student have an Education	on, Health & Care Plan	Yes 🗆 * No 🗆		
(EHCP)				
*If the child has an EHCP, the appli	cation should be made direct	to the SEN team at the Local Authority		
and cannot be processed by the scl				
Is this student 'looked after' or pre		Yes 🗆** No 🗆		
Local Authority?				
If Yes, Name of the Local Authority				
Name of Social Worker:				
Telephone number and email add	ress of Social Worker:			
•		copy of any Order reflecting the current		
	•	n the student's Looked After Status.		

What is the st	udent's	nationality?					
If your child is	not a UI	K National: you	ı must check your	child is elig	ible to attend	a state-fu	ınded school. If
your child is he	ere on a	6-month Stan	dard Visitor or 11	-month Sho	rt-term Study v	visa, you	are not eligible to
			ct the Local Autho				
Please include	any oth	ner informatio	n that you think i	s relevant t	o this applicat	ion.	
-		_	bility (physical, s				_
		inglish as an a	dditional languag	e support e	tc. (Please con	tinue on	a separate sheet
of paper if neo	cessary)						
Please give de	tails of	other individu	als or groups who	have worl	od/are curren	tly worki	ing with this
_			Offender Team, E			-	~
details if possi		orker, routh	onenaci ream, E	aucucion W	chare officer.	(i icase g	ive contact
•		nt parental res	ponsibility for thi	s child othe	r than the per	son maki	ing the
•	_	•	ing at the same o		•		
contact detail	_					,	brease 8.12 amen
Name:			Relationsh	ip to			
			child:	•			
			House/Flat				
Address			Name/Stre	et:			
			Second Lin	e:			
			City:				
			Post Code:				
Are all parties in agreement with this move:			is move:		Yes 🗆 No 🗀		
2. Parent/Gua	rdian/Ca	arer details? (A	second contact is	s ontional)			
2. raicing Gua	raidily Co	arer details. (r	second contact is	э орионан,			
	_		es not automatic			_	•
			the care of the Lo		• • •		
-	ain the	circumstances	, or a copy of offi	cial docum	entation to sho	w legal و	guardianship of
the child.							
	- *•••	1	Conta	act 1			
Parent/carer:			Forename:		Surn	ame:	
Relationship t			r/tatner,				
stepmother /stepfather)							
	House/Flat Name/Street: Address if Second Line:						
	City:						
from	City.						
_							
Home telephone number:							
Mobile teleph							
Work telepho							
Email address:							
	-						

Are you a se Crown Serva	_		rmed Forces or	Yes \square No \square		
		at the schoo	12			
Do you carre	incry Work	at the senso	··			
			Cont	act 2		
Parent/care	: Title:		Forename:		Surname:	
Relationship	to studer	nt (e.g., moth	er/father,			
stepmother	/stepfath	er)				
-	House/F	lat Name/Str	eet:			
Address if	Second	Line:				
different	City:					
from	,					
student.	Post Cod	de:				
Home teleph	one num	ber:				
Mobile telep						
Work teleph						
Email addres						
		mher of the A	rmed Forces or	Yes \square No \square		
Crown Serva	_		arrica rorces or	163 - 140 -		
		k at the school	n12			
Do they carr	citity wor	K dt the senot	71.			
Declaration a	and under	taking				
Declaration	and under	taking				
• I am	the perso	n with paren	tal responsibility	for the student name	d in this appl	ication, and we
	_	•	ress provided.		••	ŕ
	-		•	est of my knowledge	and belief.	
		_		any changes to the d		application as
	occur.			, , , , , , , , , , , , , , , , , , ,		
-		berately misl	eading or withhel	d information may re	ender this app	olication invalid
_		•		sociated school offer	• •	
		• •	•	ent's eligibility for sta		
				s website and unders		
be u					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
Applicant's r	name:			Relationship to stud	ent:	
• •		responsibility	for this	Yes No No		
student?	,	, , , , , , , , , , , , , , , , , , ,	, , , , , ,			
Signature:				Date:		
3.6						
Second cont	acts name	<u>.</u>		Relationship to stud	ent:	
		responsibilit	v for this	Yes No		
student?	Parcilla	Сэронзівіні	, 101 1113			
student:						
Signature:				Date:		

3. Next Steps

You should now ensure that you have enclosed a copy of the following information **where** relevant:

- Proof of your child's date of birth.
- Proof of address: For example, a copy of the current council tax bill for the home address, which shows your name and your council tax reference number.
- If the student is not a UK National, you must check your child is eligible to attend a state-funded school. If your child is here on a 6-month Standard Visa or 11- month Short-term Study visa, you are not eligible to make this application. Please contact the Local Authority for advice.
- For those arriving or returning to the UK: evidence to confirm the student's arrival in the UK.
- If you are not the student's parent and the student is not in the care of a Local Authority: a letter from the parent to explain the circumstances or a copy of the official documentation to show legal guardianship of the student.

Please check your application as errors may result in delays processing your application. Scan and email these documents to sjhinyearadmission@sjhcsc.co.uk or post the completed form and a copy of the supporting information to the school address.