



## **Application for Late Transfer: September 2021**

Please complete and return this form to the School by Friday 8 January 2021

Important Note: Please refer to Section 3 of the Admissions Policy (available for download via the school website) before completing this form

| APPLICANT'S SURNAME | APPLICANT'S FORENAME (S) |                               |  |
|---------------------|--------------------------|-------------------------------|--|
|                     |                          |                               |  |
| DATE OF BIRTH       |                          | Male / Female (Please circle) |  |

| CONTACT DETAILS            |              |          |              |  |
|----------------------------|--------------|----------|--------------|--|
| Parent/Guardian            | Relationship |          |              |  |
| Title                      | Name         |          |              |  |
| Home Phone                 |              | Mobile   |              |  |
| Parent's Email Address     |              |          |              |  |
| Home Address               |              |          |              |  |
| Town                       |              | Postcode |              |  |
| CURRENT SCHOOL INFORMATION |              |          |              |  |
| Current School:            |              |          | Headteacher: |  |
| School Address:            |              |          |              |  |
| Telephone:                 |              |          | Email:       |  |
| CURRENT ACADEMIC           | SCHOOL YEAR  |          |              |  |

## **PREVIOUS TESTING:**

If the your son/ daughter has taken part in the 11+ or 12+ testing process please give details of date(s) and score(s):

## Please attach copies of 11+ or 12+ results.

## SPECIAL EDUCATIONAL NEEDS

| Does your son / daughter have any Special Educational   | Yes / No |                                       |  |  |  |
|---|----------|---------------------------------------|--|--|--|
| Do you believe your son / daughter to be disabled in ter<br>Disability Discrimination Act   | Yes / No |                                       |  |  |  |
| If 'Yes' to either please give details. Please attach copies of any relevant assessments / reports.   |          |                                       |  |  |  |
| Please list any access arrangements granted for examinations:   |          |                                       |  |  |  |
| OTHER INFORMATION   |          |                                       |  |  |  |
| Do you have a sibling currently attending SWBGS?<br>Please provide details of Name, Year and Tutor Group:   |          |                                       |  |  |  |
|   |          | rman / Spanish<br>ne relevant choice) |  |  |  |
| <ul> <li>Please provide the following documents when submitting your application:</li> <li>Copy of students Key Stage 2 SATs results</li> <li>Proof of residence at current address (copy of Utility bill or equivalent)</li> <li>Copy of most recent Academic School Report</li> </ul> |          |                                       |  |  |  |
| Parents Signature<br>(Print Name)   | Date     |                                       |  |  |  |

Sir William Borlase's Grammar School West Street, Marlow. Buckinghamshire SL7 2BR