



SIR WILLIAM BORLASE'S GRAMMAR SCHOOL

Application for Late Transfer

Please complete and return this form to ccoates@swbgs.com

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

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|----------------------------|---------------------------------|-------------------------------|
| 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

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| Does your son / daughter have any Special Educational Needs (SEN) | Yes / No |
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| Do you believe your son / daughter to be disabled in terms of the Disability Discrimination Act | Yes / No |
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If 'Yes' to either please give details. Please attach copies of any relevant assessments / reports.

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| Is your child in receipt of Free School Meals | Yes / No |
|---|----------|

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| Is your child a Looked After or previously Looked After child (including a child who appears (to the admission authority) to have been in state care outside of England and ceased to be in state care as a result of being adopted. | Yes / No |
|--|----------|

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| Are you living within the school catchment area | Yes / No |
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| Do you have any other children at this school. If yes please provide name and date of birth: | Yes / No |
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OTHER INFORMATION

Please confirm you have read the School Admission Policy which is available on the web site: Yes/No
If you have any questions please email cwoodgate@swbgs.com

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| Please indicate which Modern Foreign Language the student would prefer to be tested in. Please note that successful candidates will be expected to go on to study the language they have selected | French / German / Spanish (Please circle the relevant choice) |
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The following documents must be submitted with your application:

- Copy of students Key Stage 2 SATs results
- Proof of residence at current address (copy of Utility bill or equivalent)
- Copy of most recent Academic School Report

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|---|------|
| Parents Signature (Print Name)..... | Date |
|---|------|