Private and confidential

ABSS STUDENT APPLICATION FORM

Date completed and submitted:_____

(1)Name of child:_____

(2)Preferred name:_____

(3) Gender:_____

(4) Date of birth:_____ (4a) Current age:_____

(5) Home Address of child :_____

_____

(6) Parents/carers name:_____

Parents/carers phone number:_____

Emergency contact and phone number:

_____

Relationship to the child:_____

(7) Do you: study/work part time/full time or unemployed? Please circle

(8) What year group is your child in?_____

(9) Name and address of the school your child attends:_____

_____

(9) Is your child home schooled? YES/NO _____

If yes for how long?_____

(10) Does your child have any allergies or health problems ABSS should be aware of? YES/NO. If yes please describe below:

_____

_____

_____

_____

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(11) Is your child subject to a Child protection plan (CP) or a Child in Need plan (CIN). If yes please explain below:

_____
_____
_____
_____

(12) Does your child have an Education, Health and Care Plan (EHCP). If yes please explain below:

_____
_____
_____
_____

(13) Is there anything specific ABSS should know about your child? Does your child have SEN/Neuro diverse or any additional needs? YES/NO. If yes please explain below:

_____
_____
_____
_____

(13a) If YES how are these needs displayed?

_____
_____
_____
_____
_____

(14) Please provide a copy of your child's most recent EHCP (where applicable) as well as the most recent school report, or home school report. ***Please note students will not be able to begin lessons at ABSS until all the information has been received***

(15) PAYMENT OPTIONS

I agree to pay:

a) Weekly (Latest the Friday each week prior to school day)
b) A month in advance
c) Termly

Signed:_____ Date:_____

PLEASE NOTE

After our assessment it will take one week for ABSS to get back to parents/carers regarding if your child will be given a place in our school.

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Additional Sheet

Please use this additional sheet if more space is required when answering any of the questions