**Waiting List Request**

**Please complete this form in BLOCK CAPITALS to ensure that your child’s**

**name is added to the waiting list.**

| **Name of School / Academy:** | High Halstow Primary Academy |
| --- | --- |

**PUPIL DETAILS**

| **Forename(s)** |  | | | | **Surname:** |  | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Gender:** | M / F | | **Date of Birth:** |  | | | **Current Year Group:** |  |
| **Home Address inc postcode :** | |  | | | | | | |
| **Current or if no longer on roll last school attended:** | |  | | | | | | |
| **Please give reasons for change of school:** | | | | | | | | |
|  | | | | | | | | |

**PARENT/CARER DETAILS**

| **Name of Parent/Carer:** | |  |
| --- | --- | --- |
| **Relationship to child:** | |  |
| **Contact details:** | | |
| **Home:** |  | |
| **Work:** |  | |
| **Mobile:** |  | |
| **Email:** |  | |

| **Does this pupil have siblings currently on roll at the Academy if yes please give details:** |
| --- |
|  |

| **Does this pupil have an EHCP, if yes please give details:** |
| --- |
|  |

| **Is this pupil in the care of a local authority as a looked after child, if yes please give contact details of the council and the social worker involved:** |
| --- |
|  |

| **Please add my child to the waiting list for a place at the Academy I have named above** | |
| --- | --- |
| **Signed (Parent / Carer):** |  |
| **Print Name:** |  |
| **Date:** |  |

If you have any questions please contact:

The Office Team

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