



Lowbrook Academy

The Fairway, Maidenhead, Berkshire, SL6 3AR • Tel: 01628 671355

e-mail: [lowbrook@lowbrookacademy.co.uk](mailto:lowbrook@lowbrookacademy.co.uk)

website: [www.lowbrookacademy.co.uk](http://www.lowbrookacademy.co.uk)

Surname:	Forename:
	Middle Name:

If different, surname on Birth Certificate (For exam purposes, legal evidence is required of name change)	Date of Birth Gender
---	-------------------------

Address at which Student Lives:  
.....

Post Code:..... Home Phone:.....

Do you share joint custody or a child arrangement order for your child (If so both parent signatures are required) YES/NO

Is your child Looked After by (in the care of the) the Local Authority? YES/NO

**First Parent/Carer living at home address**

Full Name: ..... Mr /Mrs / Ms / Miss

Relationship to Child:

Home Phone:..... Work Phone:.....

Mobile Phone:..... Occupation: .....

**Name of Second Parent/Carer**

Full Name: ..... Mr/ Mrs/ Ms/ Miss

Relationship to the Child:

Address (if different from above)

Home Phone: ..... Work Phone:.....

Mobile Phone:..... Occupation: .....

Current/Last School:

Current Year Group:

Please include the full address and tel no. if not a school within Berkshire

If last school, give leaving date

Date

1. Does your child have an education healthcare plan?

YES/NO

Please name of the school of your choice, and state your preferred term of admission

School:

Preferred term of admission:

Please state whether this is a move into the area or transfer between schools. (Previous/new address if applicable)

Please state if you were advised to seek a transfer  
from your present school

YES/NO

If YES, please give full details below.

If NO, please give reasons for your transfer request.

Have you had contact with an Education Welfare Officer	YES/NO
If YES, please give the name of this Officer	Tel No.
Has Social Services or any other agency been involved with your child?	YES/NO
If YES, please give name of the Officer/Agency	Tel No.

Are you a Service/Crown Servant family due to move into the area? YES/NO  
*Please provide evidence of posting)*

Does your child have a sibling (brother or sister – this includes half, adopted, or foster sibling) attending the school currently?	Yes	No
---	-----	----

If you have CIRCELD yes, please provide details below:

Sibling/s Name	Date of Birth

Any other relevant information.

<b>Declaration</b>			
I declare that I have read and understood the online 'Guide to In-Year Admissions'.			YES/NO
I declare that all the information I have given on this form is correct.			YES/NO
If you deliberately give false information, you must expect that we will withdraw the offer of a school place.			
Data Protection Act 2018 – The personal information collected on this form will only be used for the purposes of applying the relevant admissions policy. Lowbrook Academy may also use this data in connection with the prevention or detection of other fraud or crime.			
The School is entitled to request further information to verify the details given on this form are correct.			
<b>I enclose:</b> <i>Forms will be returned if evidence is not provided</i>		<b>a) Proof of your address; i.e. recent utility bill, council tax statement, signed tenancy agreement (if I have never supplied proof previously to this school)</b>  <b>b) Evidence that I have completed the sale, or ceased rental, of my previous property (if I have moved address and my previous address was within commutable distance of this school)</b>	
Your signature:			
Your full name:			
Date:	Day	Month	Year