

Does the pupil currently have any of the following plans? If so, please attach the most recent plan.

Individual Education Plan Personal Support Plan Personal Education Plan (LAC)

Has High Needs Funding been requested? Or does the pupil currently receive any additional funding? (Please give brief details below of application made and date of referral)

Date of Referral	Brief Details of Application Made	Outcome (if known)

Attainment Data

Key Stage 2 Scores

TEST USED	TEST RESULT	TA
English - Reading		
English - Writing		
English - SPAG		
Mathematics		
CATs (if applicable)		
V		
Q		
NV		

Year 9 Courses Taken

Course	Current Target Grade	Exam Board (if applicable)

PLEASE ATTACH THE MOST UP TO DATE SCHOOL REPORT SHOWING CURRENT AND TARGET LEVELS. WE WILL BE UNABLE TO PROCESS THE APPLICATION WITHOUT THIS INFORMATION.

Please add any additional information that may be required to support this application:

Name of school:

Signed: Print Name:

Designation/Title:

Authorised by Headteacher: Date:

Hugh Baird 14-16 College Application Form

It is important that you provide as much information as possible to assist in the admission process. Section A is to be completed by the parent/carer and Section B is to be completed by the child's current school

Section A - to be completed by Parent/Carer

Name of child	
Child's date of Birth	
Gender (please tick)	Male <input type="checkbox"/> Female <input type="checkbox"/>
Current school year	
Home address	
Postcode	
Parent forename	
Parent surname	
Relationship to child	

Please clearly state which of the vocational pathways the child is interested in following:

We will primarily use your email address for correspondence to you - please ensure you provide a clear, working email address if you have one

Email	
Telephone number 1	
Telephone number 2	

Child's current school:

	YES	NO
Is the child currently receiving Free School Meals?		
Does the child currently have a travel pass issued by the Local Authority?		
Does the child have an Education, Health and Care Plan?		
Is the child "looked after" by the local authority?		
Is the child previously "looked after" but now adopted from care?		
Is the child subject to a residential order or guardianship order?		
If yes, name of social worker:		
Has the child been permanently excluded from any school?		
Please give details:		

Data Protection and Declaration

Hugh Baird 14-16 College maintain a database which relates to the administration of admissions and pupils. All personal information provided on this form is treated in strict confidence in accordance with the requirements of the Data Protection Act. We may verify information you have provided on this form. This could involve contacting your current school or other agencies who maintain appropriate records. The data may be shared with other external agencies for the purpose of provision of services to your child.

Signed by Parent/Carer - Declaration:

Date:

Please print name of Parent/Carer:

Once you have completed SECTION A of the application form we recommend that you meet with the child's current school to discuss any issues where you can request that SECTION B is completed by the school, this will speed up the application process. If you do not wish to meet with the current school, please sign below and Hugh Baird 14-16 College will contact the existing school and ask them to complete SECTION B.

I give permission for Hugh Baird 14-16 College to approach my child's current school and request the information in Section B.

Signed by Parent/Carer - Declaration:

Date:

Please print name of Parent/Carer:

Section B – to be completed by the child's current school

Date form received from Parent/Carer	
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Attendance/Punctuality/Behaviour/Exclusions

Child's school ATTENDANCE REPORT and BEHAVIOUR LOG must both be attached and returned with this form.

EWS involvement	YES	NO
Please give details of involvement:		

Has the pupil been permanently excluded from any other school?	YES	NO
If yes, please name school:		

Fixed Term Exclusions (Date)	How many days?	Reasons (please attach SIMS report)

School Based Intervention (to date)

What interventions have been implemented within school to support this child?

If not applicable please tick

Intervention	Dates	Outcomes	School Resources/ High Needs	Intervention Continuing

Outside Agency Intervention (to date)

What interventions have been implemented by external agencies to support this child?

If not applicable please tick

Agency	Date of Involvement	Advice Given	Action Taken/Outcomes
SEEPS Education Psychologist			
SAIS Inclusion Consultant			
Well Y P			
Community Consultant Paediatrician			
CAMHS			
Speech and Language Therapy			
Occupational Therapy and or Physiotherapy			

Additional Information

ALL SCHOOLS MUST COMPLETE

Please tick if the pupil has:

An Early Help Plan <input type="checkbox"/>	Child in Need Plan <input type="checkbox"/>	A Child Protection Plan <input type="checkbox"/>	CAS Team <input type="checkbox"/>
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If yes, please name the social worker/lead professional:

Is the pupil currently "looked after", if so – please state which Authority:

Are there any safeguarding concerns? Yes No

Please give details:

Special Needs & Pupil (including any external funding) (Please tick and attach plan)

SEN Support EHCP