

# BOLTON COUNCIL

## Application Form - Entry to Year 12 - UTC Bolton

Date received by UTC

To be completed by parents/carers on behalf of pupils seeking admission to UTC Bolton. You will need to fully complete **all** sections of this form to prevent delay. Incomplete forms will be returned.

### Pupil Information

Male/Female <input style="width: 100%; height: 25px;" type="text"/>	First Name <input style="width: 100%; height: 25px;" type="text"/>	Middle Name(s) <input style="width: 100%; height: 25px;" type="text"/>
Surname (Family Name) <input style="width: 100%; height: 25px;" type="text"/>		Date of Birth (DD/MM/YYYY) <input style="width: 100%; height: 25px;" type="text"/>
Home Address - this must be the child's normal place of residence <input style="width: 100%; height: 25px;" type="text"/>		Postal Code <input style="width: 100%; height: 25px;" type="text"/>
Email address <input style="width: 100%; height: 25px;" type="text"/>		Daytime Telephone Number <input style="width: 100%; height: 25px;" type="text"/>

### Parent/Carer Information

Mr Mrs Ms Dr Other <small>Please tick as appropriate</small> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	First Name <input style="width: 100%; height: 25px;" type="text"/>	Middle Name(s) <input style="width: 100%; height: 25px;" type="text"/>
Surname (Family Name) <input style="width: 100%; height: 25px;" type="text"/>		Date of Birth (DD/MM/YYYY) <input style="width: 100%; height: 25px;" type="text"/>
Home Address (if different from pupil's address) <input style="width: 100%; height: 25px;" type="text"/>		Postal Code <input style="width: 100%; height: 25px;" type="text"/>
Email address <input style="width: 100%; height: 25px;" type="text"/>		Daytime Telephone Number <input style="width: 100%; height: 25px;" type="text"/>

### Details of any siblings living at the above address

Name	Date of Birth	School attending

Please state your reason for wanting to attend UTC Bolton

Current or last school attended

Name <input style="width: 95%; height: 25px;" type="text"/>	Local Authority <input style="width: 95%; height: 25px;" type="text"/>
Address <input style="width: 95%; height: 80px;" type="text"/>	Telephone Number <input style="width: 95%; height: 25px;" type="text"/>
	Date last attended <input style="width: 95%; height: 25px;" type="text"/>

Further information about the child

Does your child have a statement of Special Educational Needs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, you must contact the special needs section of your home authority.
Is your child looked after by a local authority (often known as 'in care')?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please state authority <input style="width: 95%; height: 20px;" type="text"/>
Does your child have a social worker?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please give contact information <input style="width: 95%; height: 20px;" type="text"/>
Is the child new to this country?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the child speak English? <span style="float: right;">Yes No <input type="checkbox"/> <input type="checkbox"/></span> Previous country of residence <input style="width: 95%; height: 20px;" type="text"/>
Has your child been entitled to free school meals in the last six years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Has this entitlement now ceased? <span style="float: right;">Yes No <input type="checkbox"/> <input type="checkbox"/></span>

Are any of the following agencies involved with the family or child?

Social Services <span style="float: right;">Yes <input type="checkbox"/></span>	Youth Offending Team <span style="float: right;">Yes <input type="checkbox"/></span>
Educational Psychologists <span style="float: right;">Yes <input type="checkbox"/></span>	Other <i>please state:</i> <input style="width: 95%; height: 20px;" type="text"/>

Declaration

I declare that all the information which I have provided is true. I accept that any place offered to my child may be withdrawn if I have used fraudulent or intentionally misleading information to gain a place.

Date	Signed
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