

**Head Teacher: Miss Sarah Vass** 

Great Totham Primary School Walden House Road, Great Totham. CM9 8PN

01621 891091

admin@great to tham. essex. sch. uk

## **Mid - Year Admission Application**

Date of Application :								
Year Group(s) for which	YR.	Y1	Y2_	Y3_	Y4	Y5_	Y6□	
Parent / Carer Contact De	etails :							
Full Name								
Relationship to child								
Home Telephone No.								
Mobile Telephone No.								
Email Address								
Home Address								
(Please provide								
<u>current</u> home address								
and details of								
proposed new address								
if you are in the								
process of moving								
house).								
What date are you								
moving (if applicable)								
Child 1:								
Surname			1	D.O.B.				
First Names			(	Gende	r			
Current School								

## Child 2 (if applicable):

Surname				D.O.B.			
First Names				Gender			
Current School							
Name of any other							
siblings							
Surname			D	.O.B.			
First Names			G	ender			
Current School							
If this application is not to a forthcoming/recent move to our area, pleas full details as to the reamid-year application:  Does your child have an Health and Care Plan?  Are there any exception reasons why your child specifically attend your school?	t house e provide son for this Education, al medical should preferred	Yes \[ \] No \[ \] Yes \[ \] No \[ \]					
Is your child cared for by a Local		Yes					
Authority or is he/she a looked after child?	previously	No 🗔					
		If yes, which L	ocal Author	ity?			
Please complete this form in full and make arrangements to submit to our school office, full details as stated in the header of this form. Please refer to the school website for full details of our data protection policy and Privacy Notice.  OFFICE USE ONLY Date response letter issued:							