

In-Year Admission Form.

Please complete the following application form in black ink in block capitals:

Child's surname	
Child's first name(s)	
Child's date of birth	Child's gender
Child's address*	
Postcode	
	parents with shared responsibility, each for a part of the week, days they live with which parent
Parents' or carers' tele	phone numbers:
Work	
Evening	
Mobile	
Parents' or carers' em	ail address
Full name of father	
Full name of mother	
If correspondence sho to that noted, please i	uld be sent to another address in addition ndicate:
Name	
Address	

Supporting Documentation:

Certificate of Religious Practice

Please answer the following questions

Current School	
School Address	
	Tel No
Name of Headteacher	
Or Head of Year	
Current School Year	Intended leaving date
(It may be necessary to contact obtain further information)	your child's current school in order to
Does your child have an Education	on Health and Care Plan ? Yes/No
Did you previously apply to Yavne Secondary Transfer? Yes/No	eh College when your child was eligible for
Is your child in public care? Yes/ (If yes, please enclose supportin case.)	No ag evidence from the professional dealing with your
If you have another child who is of full name, date of birth and school	currently a pupil at Yavneh College, please state their ol year
Name	
$D \cap B$	School year

Declarations

1. I/we have read the document describing the Jewish Ethos of Yavneh College and confirm that I/we respect this Ethos and its importance to the school community.
Signature
NameDate
2. I/We wish the above applicant to be considered for a place as a pupil at Yavneh College School and declare that the above information is true and correct in every detail. I/We understand that if a place has been obtained on the basis of incorrect or inaccurate information and the place would not have been offered had the information been correct or accurate, the offer will be withdrawn.
Signature
NameDate
3. I have enclosed a completed Yavneh College Certificate of Religious Practice
Signature
NameDate:
Please return this In-Year Application Form and the Yavneh College Certificate of Religious Practice to: -
Mrs L Foreman, Admissions Officer, Yavneh Schools, Hillside Avenue, Borehamwood Hertfordshire WD6 1HL
For office use only: Date form received Ref.no
Additional information included with application