



Ormiston Bolingbroke Academy

Application for enrolment form

| | | | |
|---|--|------------------|--|
| Surname: | | D.o.B. | |
| Firstname: | | Age in Yrs | |
| Middle name(s): | | Curriculum Year | |
| Present school: | | | |
| Name of Parent(s)/Carer(s): | | | |
| Address: | | Telephone No: | |
| Reason for transfer: | | | |
| Options studied at KS4 (if applicable): | | | |
| Relationship with teachers: | | | |
| Relationship with peers: | | | |
| Does your child have any special education needs Y/N? (if yes please specify below) | | | |
| For Office Use Only | | | |
| Application successful Y/N? | | Start Date: | |
| Tutor: | | Set/band/Pathway | |
| House: | | Option Subjects: | |
| Principal`s Signature: | | Date: | |
| Director of student`s signature: | | Date: | |