

Please ensure that you have read the admissions guidance at <http://theleighutc.org.uk/apply> before completing this form

Current school <i>(name only)</i>	
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Year applying for <i>(delete as appropriate)</i>	10 / 11 / 12 / 13
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Child's first name(s)	
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Child's surname	
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Date of birth <i>Please provide a copy of your child's birth certificate with this form</i>	Gender <i>(delete as appropriate)</i>	Male / Female / Other
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Home address	<hr/> <hr/> <hr/> <p style="text-align: right;">Post Code _____</p>
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MOTHER / CARER <i>(delete as appropriate)</i>			
First name(s)			
Surname	Miss / Ms / Mrs / Dr		
Daytime phone number		Email	

FATHER / CARER <i>(delete as appropriate)</i>			
First name(s)			
Surname	Miss / Ms / Mrs / Dr		
Daytime phone number		Email	

Is your child currently or has your child previously been a Child in Care?

Please tick appropriate box

YES NO

Does your child have a Special Educational Need?

Please tick appropriate box

YES NO

Does your child have a Statement of Special Educational Needs or Education Health Care Plan?

Please tick appropriate box

YES NO

Please list any other information which you would like us to be aware of in relation to medical, health, social and special access requirements.

Please attach copies of supporting written evidence from a suitably qualified medical or other practitioner.

I / We declare that the above details are correct and understand that failure to disclose or the giving of false information will result in my child's application being rejected. I also understand that should false information be given in the above details, any subsequent offer will be withdrawn and my child will be given no further consideration for a place at The Leigh UTC. The Leigh UTC reserves the right to request evidence of a students' residential address.

I / We agree to The Leigh UTC processing personal data contained in this application form and other relevant data which The Leigh UTC may obtain from me / us or other people as part of the admissions procedure. I / We agree to the processing of such data for any purposes described above. (This is in accordance with the Data Protection Act 1998.)

Signature(s) of Parent(s) / Carer(s)

1. _____

2. _____

Date: _____

Date: _____

Checklist – please check before you submit your form!

Have you...

- Completed all sections of this form fully?
- Provided supporting evidence, if appropriate, relating to medical, health, social and special access requirements. Due to the large volume of applications we are not able to accept additional supporting evidence other than for these categories.
- Provided a photocopy of your child's birth certificate with this application form?
- Obtained a certificate of posting, if sending your form in by post?
- (Years 10 and 11 only)* Completed and returned to your local council your secondary common application form (SCAF)? You must do this otherwise your application will not be valid.

Please return your completed form and supporting evidence to:

Admissions, The Leigh UTC, Brunel Way, Dartford, Kent, DA1 5TF