

St Mary's Lewisham CE Primary School

Headteacher: Mrs Christine Graham

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"Personal Development at St Mary's is Outstanding" - Ofsted Dec 2021

Our Vision

To be a learning community that promotes the unique gifts, wellbeing and potential of every person. Our work is founded on the life and teaching of Jesus Christ, building on His message of equality, peace and justice, guided by His words 'As I have loved you, so you must love one another' (John 13:34).

In-Year Application form

This form should be returned to the School Office along with any additional information as requested.

SECTION 1		Child's Details						
Full Legal Name								
Preferred first name								
Preferred surname								
Gender (mark box)	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of birth					
Full address including postcode								
Year Group (please circle)	Nurs	Rec	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6
Siblings at the school								
Religion								
School History	School name and address			Start Date		End Date		
	1)							
	2)							
	3)							
Please circle Yes or No to the following questions:								
<i>If you answered yes to any of the above, more information will be required - including full details of social workers and/or a copy of the guardianship order.</i>								
Does your child have an EHCP of Special Educational Needs?						Yes	No	
Is your child in public care?						Yes	No	
Is your child subject to a residence or special guardianship order?						Yes	No	
Is your child a Looked After Child or Adopted?						Yes	No	

Reason for application (please tick one of the following)		
1.	I am moving into Lewisham from another London borough	
2.	I am moving into Lewisham from elsewhere in the UK	
3.	The child has arrived from abroad	
	Country arrived from: Date arrived in the UK: Country of origin (if different): Country which issued your child's passport: If your child does not speak English please state the language that they speak:	
4.	I wish to transfer my child from their current school in Lewisham	
	Please add any further details as to why you are applying to change your child's school:	

SECTION 2		Details of parent(s) / carer(s) who live with child	
Title			
Full name			
Relationship to child			
Contact numbers	Mobile	Mobile	
	Work	Work	
	Home	Home	
Email address			
Do you have parental responsibility (Y/N)			

CHECKLIST: (Please tick accordingly)		✓	OFFICE USE ONLY	
I have completed all sections of the form			Checked	
I have attached a completed Headteacher declaration (Section 3)			Checked	
I am applying for a foundation (Church) place and I have attached a supplementary information form to support my application			Checked	
If my child has special educational needs, I attach a statement or an Education Health Care Plan			Checked	
I attach a copy of child's full birth certificate			Checked	
Copy of Parent /Carer's passport (who has responsibility for the child)			Checked	
Copy of Council Tax bill			Checked	
Copy of recent (3 months) utility bill			Checked	
Declaration and signature of parent / carer: I certify that I have parental responsibility for the child named on this form, and that the information is true to the best of my knowledge. I understand and accept that if I have given false or deliberately misleading information on this form and / or any attached supporting papers or withheld any relevant information, the offer of the school place may be withdrawn.			Signature: Date:	
Print name		Sign	Print name here:	
Relationship to child		Date		

SECTION 3 - MUST BE COMPLETED BY THE CHILD'S CURRENT OR MOST RECENT HEADTEACHER

Pupil name:		Date of Birth	
Date on school roll:		Date removed from school roll: *	
Were you aware that the parent or carer has requested to transfer their child to another school? Y / N			
If yes, please confirm that you have discussed this request with the parent and the reason given. Y / N			
Please provide details of the reason for the transfer request, including any details of what support the school has given to the child / parent to resolve any problems that this child is experiencing at your school:			
* If the child has been removed from your roll, please provide details of the reason for leaving			
Attendance rate for the last year	Autumn term	%	Spring term % Summer term %
Student's punctuality	a) good b) cause for concern		
If (b) explain what action has been taken:			
Additional education needs:			
SEN/AEN Register	Yes	No	School Action (SA): Yes No
School Action Plus:	Yes	No	EHCP / Statement: Yes No
Please indicate whether any of the following agencies are involved with the child			
(Please tick accordingly)	✓	Contact name and telephone number	
Behaviour Support / PRU			
Child and Adolescent, Mental Health (CAMHS)			
Counselling			
Educational Psychology			
Attendance Inclusion and Welfare			
Youth Offending Services (YOS)			
Other - Please provide further details of any interventions if indicated above (use separate sheet if required):			
Exclusions			
Number of fixed term exclusions _____ (please attach a record of the child's exclusion history)			
Has the child been permanently excluded from this or any previous school? Yes / No (If yes please provide further details)			

Name:		School Stamp
Signature:		
Position within school:		
Name of school:		
Telephone number:		