



Hamilton Primary School

Priory Avenue, High Wycombe, HP13 6SG

Headteacher: Mr G Aldous



WAITING LIST APPLICATION

Application for children who are seeking admission after the normal point of admission

To be completed by parents seeking a place in Reception to Year 6

Please read the attached notes before completing the form.

1. CHILD'S DETAILS	
Legal surname:	First Name(s):
Date of Birth: ___/___/___ Male / Female please attach a copy of the birth certificate	Year Group:
Normal Home Address:	----- ----- ----- Postcode: -----
(Please provide a copy of a current Council Tax statement or utility bill, which is no more than 3 months old, to show that you live at the address given as your child's home address. You may be asked for additional evidence at a later date.)	
Name of current or most recent School/Nursery:	
Please give address details (and a contact telephone number if the school is not in Buckinghamshire):	
Does your child hold a statement of Special Educational Needs?	YES / NO Local Authority:
If the answer above is 'Yes' please give details of which local authority maintained this Statement	
Is your child 'looked after' by a Local Authority?	YES / NO
If the answer above is 'Yes' please give details of which local authority and give a social worker contact name and telephone number:	
Does your child have a disability (identified in the Disability Discrimination Act (2001)?	YES / NO
If the answer above is 'Yes' please give details of your child's disability	

2. YOUR DETAILS		
Name(s) of parents/carers living at home address above:	Relationship to child:	Contact details:
1	1	1 Daytime tel no:..... Mobile no: email:
2	2	2 Daytime tel no:..... Mobile no: email:
If another adult has parental responsibility but does not live at the same address as the child, please include details below:		

3. REASONS FOR REQUEST FOR ADMISSION OR TRANSFER	
Date admission required:	
Moving into Buckinghamshire Please tick if applicable <input type="checkbox"/>	(Please give details of anticipated address and proposed date of move)
Transferring school within Buckinghamshire Please tick if applicable <input type="checkbox"/>	(Please tell us your reasons for requesting a transfer of school)
Does your child have any siblings who reside at the same address in attendance at Hamilton?	(Please give details of siblings' name and date of birth and class)
Does your child have exceptional medical or social reasons why he/she should attend Hamilton?	(Please give details and attach supporting written evidence from an appropriate professional person).

4. PARENTAL STATEMENT	
<ul style="list-style-type: none"> ▪ I understand that if I am offered a place and it is subsequently found that I have intentionally acted fraudulently, withheld pertinent information or misrepresented the situation then the offer of a place will be immediately withdrawn. ▪ I understand that in normal circumstances I will be expected to take up any offer of a place within a week of the offer being made. ▪ I understand that I have to confirm my wish for my child to remain on the waiting list on a termly basis. ▪ I will notify you in writing of any changes to my child's home address or circumstances. ▪ I attach a copy of my child's birth certificate ▪ I attach a proof of residence, such as a current Council Tax statement or utility bill, which is no more than 3 months old, to show that you live at the address given as your child's home address 	
Name of parent/carer:	
Signature of parent/carer:	Date: