



## CASUAL ADMISSION APPLICATION FORM

Please complete the form in **BLOCK CAPITALS/BLACK INK** and return to **The School Office** as soon as possible, or email the completed form to [Admissions@rmgs.org.uk](mailto:Admissions@rmgs.org.uk)

**PLEASE REFER TO OUR ADMISSIONS POLICY ON THE SCHOOL WEBSITE BEFORE COMPLETING THIS FORM**

Child's Surname				Date of Birth			
Forename				Middle Names			
Gender		Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Current Year Group	
Child's home address:							
				Post Code			
Child's present/previous school						Dates attended:	
Address/Tel. for present/previous school							
Is your child still on role at this school?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Is your child still attending this school?	
						Yes	<input type="checkbox"/>
						No	<input type="checkbox"/>
Are you moving? If yes, give the address you are moving to and expected dates:							
<b>Parent/carer details - The application should be made by the parent/carer the child normally lives with.</b>							
Title	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Forenames
Surname				Relationship to Pupil			
Address							
				Post Code			
Email Address				Home Tel No			
Work Tel No				Mobile No			
Are you the parent/carer of this child		Yes		<input type="checkbox"/>		No	
If you would like correspondence to be sent to a parent who the child does not normally live with please provide a name and address.							
Title	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Forenames
Surname				Relationship to pupil			
Address							
Has your child been excluded before		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
If yes, please give date(s) and reason(s) of any fixed term exclusion(s) over the past two years <i>(please continue on a separate sheet if necessary)</i>							
Has your child been known to truant?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Has your child been permanently excluded from a school?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does your child currently have EHCP?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is your child currently undergoing statutory assessment of special educational needs?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is the child in the public care, or previously in public care?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes; then please state which local authority:							
Name of social worker and phone number if applicable:							
Was the child previously looked after (that is a child who was adopted, or subject to a residence order or special guardianship order)? Please provide a copy of the adoption/residence/special guardianship order.				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did your child sit the Medway 11+ admission test? If so, were they deemed selective or non-selective (Please circle answer)				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**DETAILS OF BROTHERS OR SISTERS: See admissions information**

If the child named on this application has any brothers or sisters already in attendance at this school, please give details below.					
Forename	Middle Name	Surname	Date of Birth	Gender (M/F)	School

**Information for requested School:**

Please provide any additional information which will aid us to plan for your child's admission. For example, this may be information relating to physical disability, learning difficulties or behavioural issues.

**Reasons for choice of School:**

If you consider that there are special medical reasons, why your child should be given special consideration for allocation to this school, please give brief details here. **Please submit evidence in support of your reasons for your choice of school** (e.g., letter from GP or other relevant professional person demonstrating unequivocally that your child should attend the preferred school).

**Date school place required:**

**Applications cannot be processed more than six weeks in advance.**

**DECLARATION – see admissions information on the website**

**I certify that, to the best of my knowledge, the details I have provided are correct. I understand that a place offered on the basis of inaccurate information may be withdrawn. I have read the admissions information before completing this form.**

Signed: ..... Date: .....

Name (please print): ..... (Parent/Carer)

**Due to the new GDPR regulations, please sign below to give your consent for us to contact your child's current school to obtain information regarding their education/medical well-being:**

I give my consent for Rainham Mark Grammar School to obtain information about my child from their current school.

Signed: ..... Date: .....

If you have any further queries please contact the School Office on 01634-364151 or email to Admissions@rmgs.org.uk  
Rainham Mark Grammar School  
Pump Lane, Gillingham, Kent, ME8 7AJ