**FLEXI BOARDING APPLICATION FORM**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Pupil details** | **Intended start date:** |  | | **Current Year Group:** | |  |
| Surname on birth certificate |  | Forename(s) on birth certificate | |  | | |
| Preferred/known as Surname *(If different from above please provide all documents relating to name changes)* |  | Gender 🞏Boy 🞏Girl | | Date of Birth | | |
| Is your child entitled to state education in the UK?  🞏 Yes 🞏 No *NB: Proof of eligibility may be required* | | | | |
| Preferred/known as Forename |  | Does your child have an Education, Health and Care Plan (EHCP)? 🞏 Yes 🞏 No | | | | |
|  |  | |  | | | |
| **Parent/Guardian details** | | | | | | |
| **Title** | **Name of parent making the application** | | | **Relationship to pupil** | **Parental responsibility?** | |
| Mr/Mrs/Ms/Other\_\_\_\_\_\_\_\_ |  | | |  | Yes🞏 No🞏 | |
| Address | Postcode | | | | | |
| Parent/Guardian email |  | | | | | |
| Parent Telephone Numbers | Home | | Mobile | | | |
| Pupil’s address if different |  | | | | | |
|  | | | | | | |
| **It is quite likely that none of the questions below will apply to your child, but if any do, please complete the appropriate sections. If this section is not completed, we will assume that your answers to these questions are No.**  **Please indicate if you are applying under the 4 categories outlined below.** | | | | | | |
| 1. Is the applicant Looked After by a local authority in England and Wales in accordance with Section 22 of the Children Act 1989 (a)? Yes🞏  Was the child looked after previously? Yes🞏  Please attach supporting documents confirming the child was or is Looked After | | | | | | |
| 2. Are the parents entitled to receive the Continuity Education Allowance (CEA) of the Ministry of Defence? Yes🞏    Please state Unit and Rank ….…………………………………………………………………………………… | | | | | | |
| 3. Does the applicant have a need for flexi boarding? This may include children at risk or with an unstable home environment, children who meet the School’s Foundation bursary criteria and children whose parents’ work pattern compromises their effective care outside the normal school day. Yes🞏  If **Yes**, please provide full details with supporting documentation **with this application**. The eligibility of a candidate for this category of priority will be assessed on the information supplied. | | | | | | |
| 4. Is there a sibling currently attending the school? Yes🞏  If **Yes**: Name of Sibling and Year Group: ………………………………………………………………………. | | | | | | |

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| **Present school details (we need to contact the school for a reference as to suitability for Flexi Boarding)** | | | |
| **School Name: Date started:**  **Address:**  **Email: Tel No:** | | | |
|  | | | |
| **Suitability for Flexi Boarding**  The Governors must be satisfied that any candidate offered a boarding place at the Royal Alexandra and Albert School is suitable to board. It is not in the interests of any candidate to be admitted as a boarder or flexi boarder if he/she is unsuitable for any reason. In extreme cases unsuitable candidates could pose a risk to themselves or other boarders. The information that you provide below will be an important part of the process for assessing suitability for boarding. Please complete this section as accurately as possible. | | | |
| **Has your child stayed away from home e.g. school residential, camp? Did he/she enjoy the experience?** | |  | |
| **Does your child have any difficulty relating to others, including children who are older or younger than him/her?** | |  | |
| **Have you discussed this flexi boarding application with your child? How do they feel about boarding / flexi boarding?** | |  | |
| **Has your child ever exhibited any behavioural difficulties? If so, please give details.** | |  | |
| **Has your child had any traumatising or difficult experiences that we should be aware of?** | |  | |
| **Does your child have any medical need or other disability which may require adjustment to the boarding accommodation, routine or practice? If so, please tell us about it.** | |  | |
|  | | | |
| The information given is correct to the best of my knowledge. I recognise that the school has a Duty of Care to my child and to other children at the school. With this Duty of Care in mind, I have provided all relevant information to enable the school to make an informed decision in response to this application. | | | |
| Signature (s) | Print name (s) | | Date |
|  | | | |
| Please forward this completed form to: The Admissions Office, Royal Alexandra & Albert School, Gatton Park, Reigate, Surrey, RH2 0TD or by email to [admissions@gatton-park.org.uk](mailto:admissions@gatton-park.org.uk)  Tel 01737 649001 Fax 01737 649002 | | | |

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MONITORING FORM

The information provided in this part of the form will allow us to monitor our admissions process and help ensure fair allocation of places. It will not be used to determine whether your child is offered a place.

Once a place has been accepted we may use this information to ensure appropriate provisions are put in place.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Ethnicity** | Please tick |  |  |  |
| Asian |  |  | The child’s first language is | |
| Black African |  |  |  | |
| Black Caribbean |  |  |
| White British |  |  |  |  |
| White and Black African |  |  |  |  |
| White and Black Caribbean |  |  |  |  |
| White European |  |  |  |  |
| White other |  |  |  |  |
| Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| Prefer not to say |  |  |  |  |

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| --- | --- | --- | --- |
| **How did you hear about this school? (**Please tick relevant box) | | |  |
| Google / search engine |  | Recommended by a friend |  |
| Facebook |  | Visited a schools show |  |
| Twitter |  | Newspaper / magazine |  |
| Another website |  | Billboard / banner |  |
| I live locally and know the school |  | MOD |  |
| Other (please give details): | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **The child………….**  Please tick | **Yes** | **No** | **Unsure** |
| qualifies for Free School Meals |  |  |  |
| qualified for Free School Meals in the past |  |  |  |
| has a parent who works for the Ministry of Defence |  |  |  |
| is in the care of the Local Authority (a Looked After Child) |  |  |  |
| has been in the care of the Local Authority at some point in the past (was a Looked After Child) |  |  |  |
| has had support for special educational needs in a previous educational setting |  |  |  |

Please forward this completed form to: The Admissions Office, Royal Alexandra & Albert School, Gatton Park, Reigate, Surrey, RH2 0TD or by email to [admissions@gatton-park.org.uk](mailto:admissions@gatton-park.org.uk)

Tel 01737 649001 Fax 01737 649002