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| Child’s Information |

|  |  |
| --- | --- |
| Child’s Surname |  |
| Child’s Forename |  |
| Date of Birth | Gender |
|  |  |

|  |
| --- |
| Home Address |
|  |
| Postcode |

|  |  |  |
| --- | --- | --- |
| Phone | Mobile | Email |
|  |  |  |

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| --- | --- | --- |
| Current/ Previous School |  |  |

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| --- |
| School Name and Address |
|  |

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| Reason for Leaving Current School |

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| --- | --- | --- | --- | --- | --- | --- | --- |
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| --- | --- | --- |
| Any Other Relevant Information about your child that you would like to include: |  |  |

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| --- |
| Signed: (Parent/Carer) |
| Print Name: Mr/Mrs/Miss/Ms |

 Date: |  |

Please Return Completed Form To:

Josie Jones

Bloxwich Academy

Leamore Lane

Walsall

WS2 7NR

Or by email: jjones@bloxwichacademy.co.uk

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| --- |
| Office Use Only |

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| --- | --- |
| Date Received |  |
| Application Number |  |
| Appeal Form Sent |  |

MIDYEARAPPLICATION/01/09/2015