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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 |  |  |  |  | | --- | | School Name and Address | |  |  |  | | --- | | Reason for Leaving Current School | |

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