Application for In-Year Admission

(School Year 2024/2025)

Vacancies may occur for any year group at any time.  The school operates a waiting list for each year group, based upon the over-subscription criteria detailed within the [Admission Policy](https://bristolfreeschool.org.uk/documents/admissions/BFS%20Determined%20Admissions%20Policy%20Year%207%202024%20v3.pdf)

To register your request for a place, please complete this form in full and return to Admissions, Bristol Free School, Concorde Drive, Bristol, BS10 6NJ or by email to [**admissions@bristolfreeschool.org.uk**](mailto:admin@bristolfreeschool.org.uk)

The school will hold your details for the duration of the academic year on its waiting list which is ordered in line with the oversubscription criteria detailed in the policy. Should a place become available for which your child is eligible, the school will contact you.

Please note that this form is for admission in 2024/2025. The waiting list operates on an annual basis and so to request a place for 2025/2026 **you will need to reapply after 1 July 2025.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Child’s details** | | | | | | | |
| First name | | | Family name | | | Gender | |
| Date of birth | |
| Address: *Note: if your child lives at more than one address, please give the address where they reside for the majority of the school week* | | | | | | | |
|  | | | | | | | Postcode: |
| |  | | --- | | Current year group:  (From Sept 2024) |   Name of current school:  Reason for wanting to move schools: | | | | | | | |
| **Parent/Carer details** | | | | | | | |
| Title | Family name | | | First name | | | |
| Relationship to child: | | | | Parental responsibility: Yes/No | | | |
| Contact phone number: | | | | Email address: (*unless otherwise instructed the school will contact you via electronic means)* | | | |
| Name of sibling (1)  Current School: | | Name of sibling (2)  Current School: | | | Name of sibling (3)  Current School: | | |

|  |  |  |
| --- | --- | --- |
| Does your child have a Special Education Need? | Yes | No |
| If so, do they have a Statement / Education Health Care Plan? | Yes | No |
| Is your child currently or have they previously been in care? | Yes | No |
| Child’s first language |  | |
| Language spoken at home |  | |

**For BFS admin use:**

|  |  |  |
| --- | --- | --- |
| In APA? Y/N | 20% distance: | 80% distance: |
| Date received: | On waiting list: Y/N | Date holding letter sent: |