



PLATANOS COLLEGE

An outstanding school for
pupils of all abilities

IN-YEAR APPLICATION

PLEASE COMPLETE AND RETURN DIRECTLY TO THE SCHOOL:

Admissions, Platanos College, Clapham Road, London, SW9 0AL. Email: info@platanoscollege.com

| | |
|--|------------------|
| Child's Forename: | Child's Surname: |
| Child's Date of Birth: / / | Child's Gender: |
| Home Address: | |
| Post Code: | |
| Borough of residence: | |
| Child's current/last school name: | |
| Address: | |
| Telephone number: | |
| Last day of attendance at last school (if still attending please state 'still attending'): | |
| If educated outside of the UK please provide the country: | |
| If your child is currently at another school, please provide reason for transfer/applying to Platanos College: | |

| Name of Parent(s)/Carer(s): | | |
|-----------------------------|----------------|--------------|
| Mr/Mrs/ Ms/Miss | Forename: | Surname: |
| | Mobile number: | Work number: |
| | Email address: | |
| Mr/Mrs/ Ms/Miss | Forename: | Surname: |
| | Mobile number: | Work number: |
| | Email address: | |

| | | | |
|---|----|-----|---|
| Is the child under the care, or have previously been under the care, of the Local Authority? (<i>A 'Looked After Child'</i>) | No | Yes | If yes, please provide supporting evidence (<i>please tick</i>) |
| Do you consider your child to have an exceptional medical or social need? Medical / social needs must be evidenced by at least 2 forms of written professional evidence, for example from registered health professionals or social workers. Your evidence must be clear. Please note the submission of evidence does not automatically guarantee a place at the school, neither will it result in a priority admission. This is only for the purposes of assessing needs and appropriate support. | No | Yes | If yes, please provide supporting evidence (<i>please tick</i>) |
| Is any one of the parent/carer a member of staff at our school? | No | Yes | |

| | | |
|---|--------------|----------------|
| Is a brother or sister currently on roll at Platanos College? If yes, please provide the following: | | |
| Name of sibling(s): | Tutor group: | Date of birth: |
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Declaration

I confirm that I am the named adult and have permission to submit an application for this child. I confirm that the information provided is correct at the time of application and understand that any false or deliberately misleading information given may render this application invalid or lead to the offer of a place being withdrawn.

I have read, understood and agree with the above declaration (*please tick*).

| | |
|----------------------------------|--------------|
| Parent/Carer's full name: | |
| Parent/Carer's signature: | Date: |

Please note that the application is invalid if the declaration above is not fully completed.