



Mid-Year Admission Form Academic Year 2024-25

YEAR 7 8 9 10 11 12

(please circle the appropriate year group)

Child's Information	
Child's First Name	
Child's Surname	
Date of Birth	
Gender	
Home Address (including postcode)	
Parent/Carer Information	
Parent/Carer First Name	
Parent/Carer Surname	
Contact Number	
School Information	
Current School Name	
Current School Address	
Reason for Leaving	
Attendance %	
Ever been Excluded? Number of days / Reason	

Criteria

(please circle the appropriate answer)

Have you completed the Local Authority On-line Application Form?	YES / NO
Is the child in Public Care? (a Looked After Child)	YES / NO
Does the child have a Statement of Special Educational Needs or EHCP?	YES / NO If YES please enclose evidence
Does the child have a sibling attending the academy?	YES / NO If YES please provide information below
Sibling's Name	
Sibling's Form Group	
Any Additional Comments	
Signature (Parent/Carer)	
Print Name	Mr/Mrs/Miss/Ms
Relationship to Child	
Date	

Please return this form to:

Brownhills Ormiston Academy
Deakin Avenue
Brownhills
WS8 7QG

Or email to RDowen@brownhillsoa.co.uk

<i>Date Received</i>		<i>Added to Waiting List</i>	
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