Mid-Year Admission Form

Academic Year 2026-27

YEAR 7 8 9 10 11

(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 suspended? Number of days / reason	

Criteria (please circle the appropriate answer)	
Have you completed the Local Authority online 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 an 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