



APPLICATION FORM FOR ADMISSION

Please complete in **BLOCK CAPITALS**

FULL NAME OF CHILD			
DATE OF BIRTH		BOY / GIRL	
ADDRESS WHERE CHILD LIVES		PREVIOUS ADDRESS	
POST CODE			
PRESENT SCHOOL			
REASON FOR TRANSFER			
IF YOU HAVE A SON OR DAUGHTER CURRENTLY AT GREAT BARR ACADEMY, PLEASE PUT HIS / HER NAME AND FORM IN THE SPACE BELOW:			
NAME		FORM	
NAME		FORM	
I / We wish to apply for a place for my / our child at Great Barr Academy. I / We have read and support the schools aims listed overleaf.			
SUBJECTS STUDIED			
Parent / Guardian 1		Parent / Guardian 2	
ADDRESS:		ADDRESS:	
HOME TEL:		HOME TEL:	
DAYTIME TEL:		DAYTIME TEL:	
Signed:		Signed:	
DATE:		DATE:	



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At Great Barr Academy, it is our mission to be an innovative, forward-thinking school which provides a secure and caring environment built on values, mutual respect and the principles of equality, and in which:

- **we can all achieve the very best of which we are capable.**
- **we strive to achieve ambitious goals based on our own unique interests, abilities, talents and needs.**
- **we support each other, help each other to achieve our goals and ensure that no one is left behind.**
- **we develop confident, independent life-long learners who understand that tackling new challenges and gaining new knowledge makes life richer and more fulfilling.**
- **we all want to play an active part in making our community sustainable, ordered, peaceful and successful.**