



# Year 10 Application Form

To apply for a Year 10 place at Waverley Studio College, please complete the following sections in block capitals in blue or black ink and sign the Declaration at the end of the form. If you have any queries or difficulties in completing this application form or if your details change after submitting the application, please contact us on 0121 566 6622.

**WAVERLEY  
STUDIO COLLEGE**

Please send your completed application form to Waverley Studio College, 311 Yardley Green Rd, Birmingham B9 5QA

## Part 1: Personal Information (to be completed by parent / carer)

### YOUR CHILD'S DETAILS

FIRST NAME	MIDDLE NAME(S)		
LEGAL SURNAME	DATE OF BIRTH	/ /	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
CURRENT ADDRESS			POSTCODE
IS ENGLISH YOUR CHILD'S FIRST LANGUAGE? YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO SUPPLY FIRST LANGUAGE			
DO YOU CONSIDER YOUR CHILD TO HAVE A LEARNING DIFFICULTY / DISABILITY / HEALTH PROBLEM? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES PLEASE SPECIFY: LEARNING DIFFICULTY <input type="checkbox"/> DISABILITY <input type="checkbox"/> HEALTH PROBLEM <input type="checkbox"/>			
HAS YOUR CHILD BEEN IDENTIFIED AS GIFTED & TALENTED? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES IN WHICH SUBJECT(S)			
DOES YOUR CHILD HAVE A STATEMENT OF EDUCATIONAL NEEDS? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES PLEASE GIVE DETAILS AND INCLUDE A COPY OF THE STATEMENT AND LAST ANNUAL REVIEW			
IS YOUR CHILD IN PUBLIC CARE? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE CONFIRM THAT THE LOCAL AUTHORITY HAVE BEEN INFORMED SO THAT THE NAMED SCHOOL STATEMENT CAN BE AMENDED			
DOES YOUR CHILD CURRENTLY CLAIM FREE SCHOOL MEALS? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES PLEASE SUPPLY PARENTS DATE OF BIRTH / / AND NATIONAL INSURANCE NUMBER			
HAS YOUR CHILD BEEN INVOLVED WITH ANY OTHER AGENCIES (E.G. SOCIAL CARE, EDUCATIONAL WELFARE, FAMILY MATTERS ETC.)? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES PLEASE SUPPLY DETAILS			
DOES YOUR CHILD HAVE A SIBLING AT WAVERLEY STUDIO COLLEGE? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES PLEASE GIVE DETAILS			
WHAT COUNTRY WAS YOUR CHILD BORN IN?	HAS YOUR CHILD LIVED IN THE UK FOR THE LAST 3 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/>		

### YOUR CHILD'S CURRENT OR LAST SCHOOL

CURRENT YEAR GROUP	NAME OF YEAR LEADER		
NAME OF SCHOOL	TOWN	ATTENDANCE % TO DATE	
DOES YOUR CHILD CURRENTLY RECEIVE ADDITIONAL ACADEMIC SUPPORT IN LESSONS? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE GIVE DETAILS OF WHAT THE NATURE OF SUPPORT IS AND IN WHAT SUBJECT(S)			
HAS YOUR CHILD BEEN EXCLUDED FROM SCHOOL IN THE PAST 12 MONTHS? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES PLEASE GIVE DETAILS AND THE NUMBER OF DAYS			

If your child is home tutored please provide a recent LA assessment / report detailing your child's educational progress.

To enable us to best prepare our team of staff, a copy of the most recent academic report from your child's current school should be enclosed with this information.

## Part 2: Personal Profile (to be completed by student with parent / carer support)

### ABOUT THE STUDENT

LIST ANY / ALL ACHIEVEMENTS AND/OR LIFE EXPERIENCES (EG PERFORMANCES, AWARDS, QUALIFICATIONS, FUNDRAISING, TRAVELLING, VOLUNTEERING ETC) YOU HAVE HAD OVER THE PAST 4 YEARS

IN NO PARTICULAR ORDER, CHOOSE 10 WORDS THAT BEST DESCRIBE YOU

1	6
2	7
3	8
4	9
5	10

### GCSE/KS4 PROGRAMME

To assist us to plan the optional element of the curriculum, please identify your first and second choice of subjects from the list (right) and place a number 1 and 2 in the boxes provided:

HEALTH & WELLBEING SPECIALISM (HEALTH & SOCIAL CARE, TRIPLE SCIENCE GCSE, BEAUTY & THERAPY)

CREATIVE MEDIA SPECIALISM (ART, CREATIVE MEDIA PRODUCTION, MEDIA STUDIES, PHOTOGRAPHY)

ENTERPRISE SPECIALISM (BUSINESS STUDIES, COMPUTER SCIENCE)

### TRAVELLING TO SCHOOL

HOW FAR IS IT FROM HOME? LESS THAN 2 MILES  BETWEEN 2 AND 5 MILES  BETWEEN 5 AND 10 MILES  MORE THAN 10 MILES

HOW DO YOU INTEND TO TRAVEL TO / FROM SCHOOL? WALK  CYCLE  BUS  TRAIN  CAR  OTHER

### ABOUT THE STUDENT

Waverley Studio Academy seeks to admit students who:

- Are focused and ambitious to achieve their career aspirations
- Demonstrate a real determination to achieve academic excellence
- Are interested in following a career in one of our specialisms - Health & Well Being, Creative Media, Enterprise
- Demonstrate during the application procedure that they would benefit from the style of education we offer

PLEASE GIVE YOUR CHILD'S MAIN REASONS FOR APPLYING TO WAVERLEY STUDIO COLLEGE

PLEASE DESCRIBE YOUR CHILD'S FUTURE CAREER ASPIRATIONS, IF ANY

PLEASE DETAIL ANY WORK EXPERIENCE YOUR CHILD HAS COMPLETED SO FAR

LIST ANY INTERESTS, HOBBIES OR CLUBS YOUR CHILD IS INVOLVED IN

**YOUR CHILD'S CURRENT OR LAST SCHOOL**

SUBJECTS STUDIED - PLEASE LIST ALL THE SUBJECTS YOUR CHILD IS CURRENTLY STUDYING AT SECONDARY SCHOOL


NAME OF PRIMARY SCHOOL ATTENDED IN YEAR 6

**REASON FOR TRANSFER**

WHY DO YOU WANT TO TRANSFER YOUR CHILD FROM HIS/HER CURRENT SCHOOL?

IF YOU ARE REQUESTING A TRANSFER BECAUSE YOU ARE UNHAPPY WITH THE EDUCATION YOUR CHILD IS RECEIVING AT THEIR CURRENT SCHOOL, PLEASE DESCRIBE YOUR CONCERNS / THE ISSUES

HAVE YOU MET WITH THE SCHOOL TO DISCUSS THE PROBLEMS? YES  NO  IF YES, DATE OF MEETING AND WITH WHOMHAVE YOU CONTACTED THE EDUCATIONAL WELFARE SERVICE? YES  NO   
IF YES, PLEASE PROVIDE NAME OF EDUCATIONAL WELFARE OFFICER**MONITORING INFORMATION****WHITE** BRITISH  IRISH  GYPSY/ROMA  ANY OTHER WHITE BACKGROUND**ASIAN** INDIAN  PAKISTANI  BANGLADESHI  ANY OTHER ASIAN BACKGROUND**MIXED** WHITE & BLACK CARIBBEAN  WHITE & BLACK AMERICAN  WHITE & ASIAN  ANY OTHER MIXED BACKGROUND**BLACK / BLACK BRITISH** CARIBBEAN  AFRICAN  ANY OTHER BLACK BACKGROUND

ANY OTHER ETHNIC BACKGROUND (PLEASE STATE)

**PARENT/CARER CONTACT DETAILS: CONTACT 1**

TITLE FIRST NAME SURNAME

CURRENT ADDRESS (IF DIFFERENT FROM YOUR CHILD'S)

HOME TELEPHONE NUMBER

WORK TELEPHONE NUMBER

MOBILE NUMBER

EMAIL ADDRESS

RELATIONSHIP TO CHILD

**PARENT/CARER CONTACT DETAILS: CONTACT 2**

TITLE FIRST NAME SURNAME

CURRENT ADDRESS (IF DIFFERENT FROM YOUR CHILD'S)

HOME TELEPHONE NUMBER

WORK TELEPHONE NUMBER

MOBILE NUMBER

EMAIL ADDRESS

RELATIONSHIP TO CHILD

Information you provide on this document will be stored and processed and, because of the Data Protection Act 1988, we need your permission before we can do this. Since we cannot operate the Studio College effectively without processing information about you, we need you to tick and sign the statement below. Further information about data confidentiality is available on request from Waverley Studio Academy.

I agree to Waverley Studio Academy storing and processing data contained on this form.  
If you do not agree we cannot process your application so please contact us for further information

NAME OF STUDENT (BLOCK CAPITALS)

DATE

STUDENT SIGNATURE

I certify that the information I have given on these pages is correct to the best of my knowledge. I understand that any place offered may be withdrawn if I give false information, even if my child has started in the new school.

NAME OF PARENT / CARER (BLOCK CAPITALS)

DATE

PARENT / CARER SIGNATURE

#### CHECKLIST

**PLEASE CHECK THE FOLLOWING TO ENSURE YOU HAVE COMPLETED THIS FORM CORRECTLY:**

- I HAVE ATTACHED TWO PASSPORT SIZED PHOTOGRAPHS
- I ENCLOSE A PHOTOCOPY OF MY CHILD'S MOST RECENT ACADEMIC REPORT (YEAR 8 OR YEAR 9 REPORT)
- I HAVE COMPLETED EVERY SECTION OF THE FORM AND IT HAS BEEN SIGNED BY THE STUDENT AND PARENT/CARER

#### RETURNING THE FORM

**COMPLETED APPLICATIONS SHOULD BE RETURNED IN AN ENVELOPE TO:**

FAO PRINCIPAL  
WAVERLEY STUDIO COLLEGE  
311 YARDLEY GREEN ROAD  
BORDESLEY GREEN  
BIRMINGHAM  
B9 5QA

 **07557 287509**

 **0121 566 6622**

 **[www.waverleystudiocollege.co.uk](http://www.waverleystudiocollege.co.uk)**

 **[admissions@waverleystudiocollege.co.uk](mailto:admissions@waverleystudiocollege.co.uk)**