



The Royal Latin School LATE TRANSFER APPLICATION FORM

A. DETAILS ABOUT YOUR CHILD

CHILD'S FULL NAME (Please underline family name)	
Date of Birth	___/___/___ Age ___ yrs ___ mths Sex: Boy/Girl
Normal Home Address This should be the address where the child normally lives.	Postcode: Daytime telephone no: Home telephone no: email:
Current School	
DfES No. (where known)	
ADDRESS OF CURRENT SCHOOL	Postcode: Tel:
Current Curriculum Year	
Previous Testing If your child has taken part in the 11+ please provide details.	
Date Admission Required	

B. MOVING TO BUCKINGHAMSHIRE

If you are seeking a place at a Buckinghamshire grammar school because you are moving to the area please complete the following:

Anticipated address	
Anticipated date of move	

C. PARENTAL DECLARATION

1. I have informed the Headteacher of my child's present school that my child is registered for the Late Transfer Procedure.
2. I agree to The Royal Latin School contacting my child's present school and requesting a report on my child.
3. I understand that, if my child is tested:
 - a. I will advise The Royal Latin School if, having been offered a test date, I am unable to present my child for testing.
 - b. If my child is ill on the test date I will not present my child for testing and I will notify The Royal Latin School at the earliest opportunity of our reason for non-attendance.
4. I except that, if my child is absent from the arranged testing without explanation then my child will be deemed withdrawn from testing.

Your full name	
Relationship to child	
Signature	
Today's date	

Please return this form to

Mrs L Moffat
Senior Teaching Assistant
The Royal Latin School
Buckingham
MK18 1AX