

Created: June, 2007

Ratified by Governors: June, 2007

To be reviewed: June, 2008



Pupil Application form

Child's full forename/s:	
Child's surname:	
Name child is known by:	
Date of birth:	Gender:
Ethnic origin:	Religion:
Position in the family: (ie 2 nd <u>out of</u> 3 children)	
Language/s spoken at home:	
Child's home address:	
Parents/Guardians and Carers	
Full name:	Full name:
Relationship to child:	Relationship to child:
Home address (if different to child):	Home address (if different):
Home ☎	Home ☎
Mobile	Mobile
Work ☎	Work ☎
e-mail	e-mail
Add details to mailing school list: Yes No	Add details to mailing school list: Yes No
Full name:	Full name:
Relationship to child:	Relationship to child:
Home address (if different):	Home address (if different):
Home ☎	Home ☎
Mobile	Mobile
Work ☎	Work ☎
e-mail	e-mail
Add details to mailing school list: Yes No	Add details to mailing school list: Yes No

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Diagnosis
Has your child a diagnosis of an autistic spectrum disorder?
If yes, date of diagnosis:
Name of person who made the diagnosis:
Additional diagnosis: eg. dyspraxia/dyslexia/ADHD

Please attach relevant documentation

Statement
Does your child have a statement of Special Educational Needs?
If yes, date of statement:
If no, is (s)he currently being assessed for a statement of SEN?

Current education
Name of child's local authority (LA):
Contact name/caseworker:
Does your child attend any educational provision at the moment?
Name of placement:
Attended since:
Does your child have a home-based ABA programme:
ABA provider/scheme:
Start date of programme:

Previous education: Include all education, whether at home or school			
From:	To:	Name of school/lead tutor and address:	☎
/ /	/ /		
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Please continue on a separate sheet, if necessary

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About your child
Is your child vocal?
Does your child use PECs?
Does your child sign? (if so, state which)
Is your child toilet trained?
Does your child have allergies and/or other medical conditions of which the school should be aware?
Are there any family/other circumstances of which we should be aware in order to care appropriately for your child:

Psychologists and Therapists who have worked with your child in the last 2 years			
Name:	Role: (eg Ed Psych, Occupational Therapist)	Date last seen:	Contact details:

Please continue on a separate sheet, if necessary

Attachments			
What documents/attachments have you enclosed with this application?			
Statement?		Correspondence with LEA?	
Diagnosis?		Other reports?	

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Other information	
How did you hear about Chrysalis?	
Have you visited Chrysalis?	If so, date of visit:
Have you requested a place at Chrysalis from your LEA?	
Please attach any correspondence	
Has your LEA accepted the need fund your child's place at Chrysalis?	Yes No Pending
If yes or pending : Which is your LEA? _____	
Name of contact at LEA: _____	
Telephone number of contact: _____	
Email address of contact: _____	
If pending : Date of Tribunal: _____	
If No : Are you considering paying your child's fees privately?	Yes No

I/we* give permission for Chrysalis to contact any of the Agencies detailed above. Please list any exceptions, and your reasons. Continue on a separate sheet, if necessary.

The information given is correct to the best of my/our* knowledge.

I/we* accept that one complete term's notice in writing of my/our* intention to withdraw my/our* child, or payment in lieu, is an absolute condition of my/our* child being offered a place at Chrysalis School.

* Delete as applicable

Both** parents must sign this document if the LEA has not agreed to fund the place. Please discuss this with the Principal if it causes any problems. 01462-817341 (**if applicable)

Signed: _____ Date: _____

Signed: _____ Date: _____

Signed on behalf of the **LEA** (if LEA funded place)

Signed: _____ Date: _____