

**APPLICATION FOR MID-YEAR ADMISSION TO THE SACRED HEART LANGUAGE COLLEGE**

**PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS USING BLACK INK**

Application for a place in Year      7      8      9      10      11      (Please circle as appropriate)

**SURNAME OF STUDENT:** \_\_\_\_\_

**CHRISTIAN NAME(S):** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**RELIGION OF STUDENT:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**POST CODE:** \_\_\_\_\_

**CONTACT NO:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**BOROUGH OF RESIDENCE:** \_\_\_\_\_

**CURRENT SCHOOL NAME:** \_\_\_\_\_

**CURRENT YEAR GROUP:** \_\_\_\_\_

**CURRENT SCHOOL CONTACT NO:** \_\_\_\_\_

**NAME OF HEAD OF YEAR:** \_\_\_\_\_

**REASON(S) FOR WISHING TO TRANSFER FROM PRESENT SCHOOL:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REASON(S) FOR CHOOSING THE SACRED HEART LANGUAGE COLLEGE:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NAME OF MOTHER / GUARDIAN IN FULL:** \_\_\_\_\_

**NAME OF FATHER / GUARDIAN IN FULL:** \_\_\_\_\_

**Please return this form to:**

**Miss G. Higgins, Executive Headteacher  
The Sacred Heart Language College  
186 High Street  
Wealdstone  
Harrow , Middlesex HA3 7AY**



**Please include your certificate of Catholic practice (signed by your priest) with your application if applicable**