

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, 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