**Admission Enquiry**

Please return to: admissions@pathways-ed.org

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| Date of enquiry: |  |
| Child’s Full Name: |  |
| Date of Birth: |  |
| Parents’/Carer Name and Address | Name:Address: |
| Parents’/Carer phone numbers and email | Home no:Mobile no:Email:  |
| Name of last school: |  |
| Current school year: |  |
| Is your Local Authority aware of placement change? (Your local authority need to be made aware you are looking at change of placement before we can pursue) |
| Name of Local Authority Case Office (if known): |  |
| Details of SEN/diagnosis: |  |
| Details of medical needs: |  |
| Does your child have any personal care needs (ie: toileting or dressing etc)? |  |
| Current provision for support/education: |  |
| Date of final EHCP (please attach): |  | If EHCP in process, which stage: |  |
| Next annual review date: |  |
| Placement commencement date? |  |
| Any other information: |  |

The information requested is required to assist in providing a quality admissions assessment of your child. The information will be securely stored electronically on IT systems, no paper copies will be printed. The information will be shared with our admissions team only. If your child does not join us, the information you have provided will be deleted within three months.