

Application Form

Please ensure that all sections of this form are completed.

Once complete, please return the form by either of the following methods:

Email: admissions@brook-tmet.uk

Post: TMET Admissions, c/o The Mead Centre, 343 Gipsy Lane, Leicester LE4 9DD

Student Details

Surname	
Forename	
Other Names	
Date of Birth	
Address	

Is the above named child currently in the care of a local authority?	Yes	No
If yes, which authority?		
Has the above named child been adopted (under the Adoption & Children Act 2002) or become subject to a residence order or special guardianship order (under the Children Act 1989).	Yes	No

Does the above named child have any siblings at Brook Mead Academy?	Yes	No
If Yes - Please provide Names and Year Groups		

Does the child have any social or medical needs that should be taken into account for this application?	
Do either of the child's parents have any social or medical needs that should be taken into account for this application?	
<i>Please see Note 2 of our Admissions Policy on Medical and Social need priority. Please provide supporting evidence if you wish your child to be considered under the medical and social need criterion.</i>	

Details of Applicant

Full Name	
Address (If different from the child's)	
Home Telephone Number	
Mobile Telephone Number	
Email Address	

Do you have parental responsibility for this child?	Yes	No
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Is your child in receipt of Free School Meals or have they been registered as eligible for Free School Meals at any point in the last six years?	Yes	No
<i>Please see Note 4 of our Admissions Policy on Pupil Premium admission priority.</i>		

Does either of the child's parents work at Brook Mead Academy?	Yes	No
If Yes – Please provide the employee's name, role and relationship to child:		

Date of Application	
Print Name	
Signature	