



An Academy in the Good Shepherd Trust
No 08366199

Ashley Road
Walton on Thames
Surrey KT12 1HX
Tel 01932 227695

www.ashleyschool.org.uk

'WAITING LIST' FORM 2024/2025

Please complete and return this form by post, hand or email to the school at the address above or info@ashley.surrey.sch.uk. We will acknowledge receipt of the form by email. We will contact you should a place become available.

Please note that the Trust's Admission Policy will apply throughout the course of the academic year should places become available. The 'Waiting List' for any applicable year group will be assessed in strict compliance with the policy at the time of the place becoming available. This form is only applicable for the academic year during which it is submitted. To retain your child's name on the waiting list in subsequent academic years, please notify the school office and a new form will then be issued to you for completion.

Child's details

Child's surname:			
Child's first name:			
Child's middle name (s):			
Child's date of birth:	Year group required:		
Gender:			
Date school place is required:			
Child's home address — this must be the child's normal place of residence and not a relative's or carer's address	Postcode:		
Date the child moved to this address:			
Previous address — if child has moved within 2 years	Postcode:		
Name and address of current school <small>If not currently in school please put N/A and tell us about the previous schools below</small>	Postcode:		
Date started at current school:			
Other schools attended — please name all schools previously attended before the current school			
Name of School	Address	From	To
Reason for applying for a change of school, or if not currently in school, the reason for leaving			

Continued overleaf.....

Parent/guardian/carer details

Title	First name	Surname
Address (if different from child's address)		Postcode:
Telephone numbers		
Day:		Mobile:
Email address:		
Do you have parental responsibility for this child?		
Relationship to the child:		
Are you also making an application for any other children who are part of the same family?		

Church link details of parent

Supplementary form included in application:	Yes / No
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Name: (Please print name of parent/guardian/carer)

Signature.....

Date.....

For school use only:

FORM RECEIVED:/...../.....

CONFIRMATION SENT: /...../.....