**Expression of Interest
TradeWinds Academy**

In completing this form, you register your interest in a space at TradeWinds Academy.Please complete the information below in BLOCK LETTERS and return in person or via email to admin@tradewinds.academy

|  |  |
| --- | --- |
| **Pupil’s Full Name** |  |
| **Known as** |  |
|  |
| **Date of birth**(dd/mm/yyyy) |  |
| **Main language at home** |  |
| **Other languages spoken at home** |  |
| **Child’s current level of English** | no understanding | basic understanding | good understanding | fluent |
| **Intended year group of entry** (Please circle) | Caterpillarsaged 2 before 1st Sept. | Butterfliesaged 3 before 1st Sept. | Reception | Y1 | Y2 | Y3 | Y4 | Y5 | Y6 | Y7 | Y8 | Y9 |
| **Name/Location of previous school (if applicable)** |  |
| **Intended date of entry**(dd/mm/yyyy) |  |
| **Intended length of stay** | Permanent [ ]  | 1 year [ ]  | Other duration(please specify) |  |

|  |  |  |
| --- | --- | --- |
| **Parents/Guardians’ Surnames** | **1)** | **2)** |
| **First names** |  |  |
| **Title (Mr, Mrs, Dr etc.)** |  |  |
| **Occupation** |  |  |
| **Nationality** |  |  |
| **Relationship with pupil** |  |  |
| **Mobile** |  |  |
| **Email** |  |  |

**Additional information (Continue onto next page if necessary)**

|  |
| --- |
| **Child’s Hobbies and Interests** |
|  |
| **Please give details of any dietary, medical, physical, social-emotional, or additional learning needs** |
|  |

|  |
| --- |
| *Additional Space* |

|  |  |
| --- | --- |
| **Parent/Guardian Signature** |  |
| **Date** |  |

**Next Steps**

Upon receipt of a completed Expression of Interest form, our administration will check to see if the intended year group of entry has available spaces. If the class is full, you will be informed and added to a waiting list. If spaces are available, you will be invited to visit school for a meeting with a member of the faculty. These visits can be conducted online if an in-person visit is not possible. All applicants will be required to complete the assessment process to ascertain the suitability of the provision for the invidivual. Upon successful completion of this process, you will receive an Acceptance Form to complete and return at your earliest convenience.

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|  |  |
| --- | --- |
| **Date Received** |  |
| **Received By** |  |
| **Year Group of Entry Review** |  |
| **Next Steps** |  |

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