

## In Year Admissions – Waiting list request

Please return to The Victory Academy within 10 school days for the attention of Miss Reeve

Student First Name:

Date of Birth:\_\_\_\_\_\_\_
Year Group:\_\_\_\_\_\_

Student Surname:\_\_\_\_\_

Parent/Carer Full Name:\_\_\_\_\_\_\_\_Address:

Email:\_\_\_\_\_

Phone Number:

I can confirm that I wish for my child named above to remain on the admissions waiting list.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_







