

APPLICATION FOR AN IN-YEAR SCHOOL PLACE



Date the new school is required:

A Child/Children's Details

	First Name(s)	Surname/Family Name – as on birth certificate	Date of Birth	Gender M/F
1				
2				
3				

Current Address: _____
_____ Post Code: _____

B Parent or Carer Details

Title: _____ First Name: _____
Surname/Family Name: _____
Relationship to the Child: _____

If you **do not** have parental responsibility for the child/children, please tick the box

Current Address (if different from child): _____
_____ Post Code: _____

Home phone: _____ Work phone: _____

Mobile phone: _____ Email: _____

C House Move

If the Child(ren)/Family are moving house, please give address moving to:

_____ Post Code: _____

Anticipated date of move: ___/___/_____
(We may require confirmation of this address at a later date)

D Child/Children's Further Information

Is this child 'looked after'* by a Local Authority? Y N

(*This means children who are in public care. The School Admissions Code has now been amended to include previously looked after children. These are defined as children who were previously in care but immediately after being in care became subject to an adoption order or special guardianship order. The School Admissions Code now gives both categories of children the highest priority.)

If yes, which Local Authority: -----

Name of Social Worker: -----

Contact Telephone Number(s): -----

Email Address: -----

Has your child previously been 'looked after'? Y N

If you tick yes, documentation will be required to support this. Please forward a copy of the Child Arrangements Order, Adoption Order, or Special Guardianship Order; together with a letter from the Local Authority that last 'looked after' the child confirming the child was in care of the Local Authority immediately prior to one of the above orders being granted.

If there is a sibling already attending our academy, please give the name and date of birth of this child:

(Sibling refers to brother or sister, half brother or sister, step brother or sister or the child of the parent/carer's partner where the child for whom the place is sought is living in the same family unit at the same address as that sibling)

Name: ----- Date of Birth: __/__/----

Does this child have an Education Health and Care Plan (EHCP) for Special Educational Needs and Disability (SEND)? Y N

E Reasons for Preference

(Please note you are not required to give written reasons for your school preference(s))

F Signature

I certify that the above information is true and accurate -----

Date: __/__/----

NOTE: Please ensure that all above sections of this form are fully completed to enable us to proceed with your school application.

Please return your form to the main school office or contact us if you have any queries that you wish to discuss