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| **ACADEMY TRANSFORMATION TRUST IN-YEAR ADMISSIONS FORM** |
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| ***Please complete this form and return to your preferred academy to request a school place*** |

**Please note:** Only people with parental responsibility, or professionals working with the family, such as social workers, should complete this form.

**SECTION 1 – PERSONAL DETAILS OF CHILD**

|  |  |
| --- | --- |
| **CHILD’S DETAILS** | **CURRENT HOME ADDRESS**If you are **moving house**, please give your **new address** and the date of move**Move Date:** |
| SURNAME |  |
| **FIRST NAME** |   |
| **MIDDLE NAME(S)** |   |
| **MALE/FEMALE** |  |
| **DATE OF BIRTH****(DD/MM/YY)** |  |
| **Current Year Group** |  |
| **Current or last school name and phone number** | **Tel:** |
| **Date school place is required** |  | **Is your child currently in school?** | *Yes/No* | **If No, date last attended school** |  |
| **Do you intend to keep your child at their current school should your application be unsuccessful** | *Yes/No* |  |
| **Do you wish to be added to the academy waiting list should this application be unsuccessful** *Yes/No* |

**SECTION 2 – SPECIFIC CRITERIA**

**Does your child have a EHCP (Educational Health and Care Plan)? *Yes/No***

*N.B. this does not include SEN support.*

# Is your child in the care of a Local Authority or a previously looked after child\*? *Yes/No*

*\*For definition please see the admissions policy available on our website.*

If so, please give details below.

# Is your child classed as IAPLAC (Internationally Adopted Previous Looked After Child? *Yes/No*

**Does your child have a Social Worker? *Yes/No***

If so, please give details below.

|  |  |
| --- | --- |
| Name of Social Worker and contact details. | Name of Local Authority responsible for your child’s care |
|  |  |

If your child has a **sibling\*** who is **already** attending the academy which you are applying for, please give details below in order to clarify family connections.

***\*****For the definition of ‘****sibling’*** *please see the over subscription criteria in our admissions policy, available on our website.*

|  |  |  |  |
| --- | --- | --- | --- |
| Brother or Sister (full names) | Date of Birth | Year Group | Date started |
|  |  |  |  |

# SECTION 3 – ADDITIONAL INFORMATION

If you are applying for a Year 9, 10 or 11 place, please indicate below which course options your child is studying (please indicate exam board if known and the type of qualification e.g. GCSE, BTEC etc):

Please give a brief statement giving the reasons why you have taken the decision to change the school of your child in mid-year **AND** why you have requested this particular academy.

Does anyone else have **joint parental/guardianship responsibility** for this child other than the person completing the application, e.g. mother or father living at the same or a different address to the child? ***Yes/No***

*If yes please give details below*

Name: .................................................................................... Contact Number: ...........................................

Relationship to child: ....................................

Address if different to child: ……………………………………………………………………............................

# Are all parties in agreement with this move? *Yes/No*

If you would like us to liaise with a family worker or an interpreter please give their details: Name...............................................................Role/Position/Relationship..............................................

Contact Number.......................................................

# APPLICANT’S DETAILS AND DECLARATION

**I declare that the information contained in this application is true and I am aware that failure to provide accurate information may result in the child’s offer or placement being withdrawn in accordance with paragraphs 2.12 and 2.13 of the Schools Admissions Code and also s 84 of the School Standards & Frameworks Act. I do have parental responsibility for the child I am applying for.**

# By completing and signing this application form, you will be giving your consent to share information as appropriate.

Mr/Mrs/Miss/Ms/Other (please specify) ……………………….………………………………………….……

Parent/Carer name: ………………………………………………………………………………………………

Address if different to child: ………………………………………………………………………………………

Relationship to child: ………………………………………………

SIGNATURE: ………………………………………………………. Date: …...../….…/…………

Landline number……………………………...…… Mobile number…………………………..……………….

Email address (please make sure the email address is in the correct format):

Please ensure the details are correct and it is your child’s permanent home address; **NOT** the address of a business, a relative, a friend, a childminder, a temporary address or an address to which you hope to move.

Data Protection. In accordance with the General Data Protection Regulation (GDPR) and Data Protection Act 2018 we must inform you how we use this information. Academy Transformation Trust uses this information for the purposes of school admissions, in line with our responsibilities under the School Standards and Framework Act 1998.