



Academy Transformation Trust In-Year Admissions Form

Please complete this form and return to your preferred academy to request a school place.

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

Section 1: Child's Personal Details

| Child's Details | | CURRENT HOME ADDRESS | | | |
|--|--------|---|--------|----------------------------------|--|
| SURNAME | | <p>If you are moving house, please give your <u>new address</u> and the date of move:</p> <p>Move Date:</p> | | | |
| 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 | Your Child's Nationality | | | |
| | | Country of Birth | | | |
| 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 fulfil any of the following criteria? | YES/NO |
|--|--------|
| A child from the criminal justice system or a pupil referral unit who will need to be reintegrated into mainstream education | |
| A child who has been out of education for two months or more | |
| A Gypsy, Roma or Traveller child | |
| A refugee or asylum-seeking child | |
| A young carer | |
| A child with special educational needs, disabilities or medical conditions (but without an Education, Health and Care Plan) - please give details here | |

Does your child have an Education Health and Care Plan (EHCP)? 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

(Definition found in our Admissions Policy) If so, please provide details below:

Is your child classed as an Internationally Adopted Previously 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 to clarify family connections.

*See definition in the Oversubscription Criteria of Admissions Policy

| Full Name of Sibling | Date of Birth | Year Group | Date Started |
|----------------------|---------------|------------|--------------|
| | | | |

Section 3: Additional Information

Are you a serving member of the Armed Forces? Yes | No

Please attach relevant proof, such as a posting order or letter from your commanding officer.

If you wish us to liaise with your welfare officer, please provide details:

Has your child ever been excluded, either fixed term or permanently? Yes | No

If yes, please give details below:

If you know the attendance figure for your child (by term or year), please provide it here:

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 (GCSE, BTEC, etc.):

Please give a brief statement giving the reasons why you have taken the decision to change the school of your child mid-year, and why you have requested this particular academy:

Does any other person have joint parental/guardianship responsibility for this child other than the person completing the application (for example, a mother or father living at the same or a different address to the child)? Yes | No

Are all parties in agreement with this move? Yes | No

| Name: | Contact Number: |
|------------------------|------------------------------------|
| Relationship to Child: | Address (if different to child's): |
| | |

If you would like us to liaise with a family worker or interpreter, please provide their name, role/relationship and contact number:

Application'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):

[illegible]

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.

FOR OFFICE USE ONLY

| | | |
|-----------------------|---|---|
| Date received: | Final Date for decision notification (within 15 working days): | If place NOT offered, have panel members been notified and a virtual meeting convened: |
| Decision date: | Reason for refusal of place: | Have parents been informed of the appeal process: |