Appendix 3- In-Year Admissions Form



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 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			
Surname							
First Name							
Middle Name(s)				If you are moving house, please give your new address and the date of move			
Male/Female							
Date of Birth (DD/MM/YY)							
Current Year Group	Tel:		Move Date:				
Current or last school name and phone number							
Date school place is required		Is your child curr in school?		urrently	Yes/No	If No, date last attended school	
Do you intend to keep you their current school should application be unsuccessful	d your	Yes/No					
Do you wish to be added t	o the academ	ny waiting li	st if 1	this applica	ation if uns	uccessful? <i>Yes/No</i>	

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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.

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.

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

Sibling (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 provide 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 academy in particular.
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:
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:
NameRole/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).