



**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**

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

**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 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

<p>Are you a serving member of the Armed Forces? Yes/No</p>	<p>Please attach relevant proof of posting such as posting order or letter from your commanding officer. If you wish us to liaise with your welfare officer, please provide details:</p>
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<p>Has your child been excluded, either fixed term or permanently during their school career?      Yes/No <b>If yes</b> please give details below:</p>
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<p>If you know the attendance figure for your child (term or year) please give a value here</p>
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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):

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

