

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				CURREN	T HOME A	DDR	ESS
SURNAME							
FIRST NAME							
MIDDLE NAME(S)							
MALE/FEMALE			If you are moving house , please give your <u>new</u> address and the date of move				
DATE OF BIRTH (DD/MM/YY)							
Current Year Group							
Current or last school name and phone number							
	Tel:			Move Da	te:		
Date school place is required		Is your child c in school?		currently	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	Yo	Your Child's Nationality			
			Со	country of Birth			
Do you wish to be added	to the acad	emy waitii	ng lis	t should t	his applica	ation	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	

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

ocal 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

Are you a serving member of the Armed Forces? Yes/No	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:
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Has your child been excluded, either fixed term or permanently during their school career? *Yes/No* **If yes** please give details below:

If you know the attendance figure for your child (term or year) please give a value 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 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**

Are all parties in agreement with this move?	Yes/No
Address if different to child:	
Relationship to child:	
Name:	Contact Number:
If yes please give details below	

If you would like us to liai	se 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:///				
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.

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: