



In Year Application Form for Admission to our academies

Please tick the academy to which you are applying:-

 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>
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The completed form should be returned to the academy office with documentation to confirm your child's date of birth and address.

SECTION A: Child's details

First name:				Surname:	
Gender (please tick):	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of birth:		
Child's address at the time of this application:					
Postcode:					

Please note that this must be the address where the child normally lives. If this is different from the parent / carer address, please give the reasons for this in **SECTION F**

If parents share custody this must be stated and information be given about both addresses in **SECTION F**

Two proofs of address must be submitted with this form. One of these must be a notification of Child Benefit from HMRC (unless you are subject to immigration control) with the other being a Council tax document, a utility bill, a mortgage or rent agreement (less than 3 months old).

SECTION B: Parent / Carer details

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	Initial(s)	Surname		
<input type="checkbox"/> Ms	<input type="checkbox"/> Miss				
<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	Initial(s)	Surname		
<input type="checkbox"/> Ms	<input type="checkbox"/> Miss				
Contact telephone	Day:			Home:	
Contact email:					
Relationship to child	Mother <input type="checkbox"/>	Foster carer <input type="checkbox"/>	Other (please specify) <input type="checkbox"/>		
	Father <input type="checkbox"/>	Social worker <input type="checkbox"/>			

SECTION C: Reason for transfer

Not on school roll because (please tick)

Please specify reasons below

<input type="checkbox"/>	New arrival to Enfield or UK from overseas Please specify country	
<input type="checkbox"/>	From another area within the UK Please specify borough / town / county	
<input type="checkbox"/>	Permanent exclusion Please specify the school	
<input type="checkbox"/>	Transfer from local school Please specify the school and reasons	
<input type="checkbox"/>	Currently not in education	

SECTION D: Siblings

Please give details of any brothers or sisters living at the same address

Name	Date of birth	Academic year
.....
.....
.....
.....

SECTION E: Children with additional needs

	Yes	No
Does your child have an existing SEN Statement?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have an existing Education, Health and Care Plan (EHCP)?	<input type="checkbox"/>	<input type="checkbox"/>
Is an assessment of your child's needs currently in progress?	<input type="checkbox"/>	<input type="checkbox"/>
If you answer 'yes' to any of the above, please attach details when returning form.		

	Yes	No
Is your child in the public care of the local authority	<input type="checkbox"/>	<input type="checkbox"/>

If, 'yes', please specify:-

Local Authority name	
Social worker name:	
Social worker telephone	

Please also provide a letter from the Social Worker confirming the legal status of the child and the local authority the child is in the care of.

The letter should also provide the reasons for the preference of school.

SECTION F: Additional information to support address details given in Section A

SECTION G: Declaration and signature of parent / carer

I confirm that I have received and read the admissions criteria for a class at the academy and I understand the way in which places will be allocated.

I certify that I am the person with parental responsibility for the child named above and that the information given is true to the best of my knowledge and belief. I understand that false or deliberately misleading information given on this form or in supporting information may render this application invalid. I understand that the academy may check any of the information provided.

<input type="text" value="Signature"/>	<input type="text" value="Date"/>
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OFFICE USE ONLY

Documents seen:	Proof of address: <input type="checkbox"/>	Proof of date of birth: <input type="checkbox"/>	
Date received:		Distance from academy:	

<input type="text" value="Signature"/>	<input type="text" value="Date"/>
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(Headteacher or their representative)

Information supplied will be used for registered purposes in line with Data Protection regulations