

# 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		If you are moving house, please give your <b>new address</b> and the date of move      Move Date:			
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			
Do you wish to be added to the academy waiting list if this application if unsuccessful? Yes/No					

**SECTION 2 – SPECIFIC CRITERIA**

**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 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: ..... 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.....

