



APPLICATION FORM FOR IN-YEAR ADMISSION

Thank you for expressing interest in applying for a place at our Academy for your child. So that we may process your application please complete all relevant sections below and return to the address given at the foot of this form.

Please print clearly.

Child's first name: _____ Child's surname/Last name: _____

Date of birth: _____

Child's address _____

Post Code: _____

Gender: Male Female

Present school/previous school: _____

Address of school/previous school: _____

Please note if we receive more than one application for one place your application will be considered in accordance with the Academy's admission arrangements. Please refer to our admissions arrangements which can be found on our website – www.nationalce-ac.org.uk If you wish your application to be considered on church grounds please provide the name, full address and telephone number of a member of clergy to whom we may write for a reference in support of your application.

Post Code: _____

Telephone number: _____

Schools and academies now have a facility to check whether children are eligible for **additional funding** via the pupil premium scheme. This facility allows schools and academies to check three databases; the DWP, the Home Office and the Benefits Office. Should your child become eligible for this our systems will be automatically updated. If you would like us to check whether your child is eligible for this please enter your National Insurance Number below.

Language spoken at home: _____

Does your child have a Statement of Special Education Needs? YES / NO

Is your child looked after by the Local Authority (in Public Care) YES / NO

If 'Yes' please give name and contact number of Social Worker
And foster carer/children's home. _____

Name of Local Authority responsible for the care of the child: _____

Has your child ever been permanently excluded from a school?

YES / NO

If 'Yes' please provide details below.

Name of School	Date of exclusion:	Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide details of any siblings already attending the Academy. See definition of admission criteria.

Name	Date of Birth
_____	_____
_____	_____
_____	_____

Why do you want your child to move to another school?

Please give as much detail as you can to support your request (attach additional pages if needed)

PARENT/CARER(S) DETAILS

Title: _____ Initial(s): _____ Surname: _____

Your relationship to the child: Mother Father Carer Other

Full address of parent/carers (only complete if different to child's address):

Post Code: _____

Home telephone number: _____

Mobile: _____

Email address: _____

I certify that I am the person with parental responsibility for the child named on Page 1 of this form and that all information given on this form is correct.

Signed: _____ Date: _____