**In-Year Admissions Form**

* Before completing this form, please read the leaflet ‘In-Year Admissions’
* Please complete the form in BLOCK CAPITALS / BLACK INK and sign it
* If your child has an Education Health and Care Plan or statement of special needs, please discuss this application with your SEN Caseworker before completing the form

|  |  |
| --- | --- |
| For Admission to: | CASTLE HALL ACADEMY |

**Section 1**

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s legal last name |  | Child’s ‘known as’ last name *(if applicable)* |  |
| Child’s first name |  | Child’s middle names(s) |  |
| Child’s date of birth | day | month | year | Child’s gender (optional) |  |
| Child’s current permanent address |  |
|  |
|  |
| Post code |  |

**Section 2**

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/carer last name |  | Parent/carer first name |  |
| Relationship to child (please circle)Mother Father Carer | Other*(Please specify)* |
| Telephone numbers | daytime | evening | mobile |
| Email address |  |
| Are you a member of the armed forces Yes / No |

**Section 3**

|  |
| --- |
| If your child’s siblings (brothers and sisters, including half brothers and sisters, stepchildren, adopted and fostered children living with the same family **at the same address**) attends Castle Hall Academy please give details below. Please note that cousins do not count as siblings. |
| Sibling’s surname | Sibling’s first name | Sibling’s date of birth(day / month / year) |
|  |  |  |
|  |  |  |
|  |  |  |

**Section 4**

|  |
| --- |
| Please fill in this section if you will be moving house |
| New address |  |
|  |
|  |
| Post code |  | Moving Date | day | month | year |

**Section 5 – Additional information Please circle**

Is your child in public care (a looked after child) Yes No

Has your child previously been in public care Yes No

(a previously looked after child)

If you answered yes to either of these questions, please state which local authority your child is / was in the care of:

**Section 6 – Your child’s current or last school**

|  |  |
| --- | --- |
| Name of school |  |
| Leaving date if no longer attending | day | month | year |
| If you have recently moved to the area or are otherwise without a school place, please indicate that this is the case so that if your application for a place is successful a suitable start date can be agreed |

**Section 7**

**I have read and understood the accompanying leaflet (In-Year Admissions) before completing this form and I confirm that:**

* the information I have given on this form is correct
* I understand that inaccurate or misleading information may lead to the withdrawal of the school place allocated
* I have parental responsibility for this child
* I can confirm my child has the right to be educated in the UK at a state funded school

**Signature of Parent / Carer Date**

The information you provide will be used in order to process this application for a place at Castle Hall Academy in accordance with the relevant published admission criteria and for any subsequent appeal. It will be stored securely and will not be disclosed to any other person or agency apart from relevant authorities in connection to the admission or appeal related process.