

Request for In-Year Admission to School

Please complete all sections in full. Any incomplete forms will be returned to the parent/carer.

Section 1 – Child’s Details

Child’s first name:		Year						
Child’s surname:								
Date of Birth:	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>							Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Child’s home address:		Postcode:						
Are there any other school age children living at the above address:		Yes <input type="checkbox"/> No <input type="checkbox"/>						
If yes, please provide name(s), date(s) of birth and current school(s): <i>(If you want to apply for a place for this/these children please complete a separate form)</i>								
Is the child: In the care of a Local Authority/previously looked after by a Local Authority? Yes <input type="checkbox"/> No <input type="checkbox"/>								
If yes, please give further details:								
A traveller child: Yes <input type="checkbox"/> No <input type="checkbox"/>	A Carer: Yes <input type="checkbox"/> No <input type="checkbox"/>							
Forces family: Yes <input type="checkbox"/> No <input type="checkbox"/>	Asylum seeker: Yes <input type="checkbox"/> No <input type="checkbox"/>							
Does the child have: A statement of special educational need or is currently undergoing a statutory assessment?		Yes <input type="checkbox"/> No <input type="checkbox"/>						
A pastoral support plan at their current/most recent school?		Yes <input type="checkbox"/> No <input type="checkbox"/>						
Has the child: Ever been permanently excluded from school?		Yes <input type="checkbox"/> No <input type="checkbox"/>						
Attended a Pupil Referral Unit (PRU) during the last 12 months?		Yes <input type="checkbox"/> No <input type="checkbox"/>						
Involved with any other specialist services, eg social worker/youth offending worker?		Yes <input type="checkbox"/> No <input type="checkbox"/>						
If Yes, please give name and details:								
Current or last school / home education: (Name and address)								

Is the child still attending the above school?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, what was the last date s/he attended?
How long has the child attended their current school?		
If less than 12 months, please give details of the previous school:		
Date place required from:		
Why is a change of school being sought? Please give details:		
What is your primary language? (language you use most often):		

Section 1 – Parent/Carer’s Details

Full name of parent/carers:		Title: (Mr/Mrs/Miss/Ms etc)	
Relationship to child:		Contact telephone no:	
Contact email address:		Address if different from child’s:	
I give consent for all correspondence to be sent to this email address:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<p>I confirm that I have parental responsibility for this child and the information given is correct. I understand that any place offered on the basis of fraudulent or intentionally misleading information may be withdrawn. I consent to the information on this form being shared with appropriate agencies and understand that contact may be made with the child’s current/previous school for information which may include attendance and exclusion data.</p> <p><i>If you are caring for someone else’s child for more than 28 days and you are not an immediate relative you may be Private Fostering and it is a legal requirement that you inform the Local Authority. If you think you may be Private Fostering, please tick this box <input type="checkbox"/> Further information is available by contacting 0333 2401727 or on Cumbria County Council’s website at: http://www.cumbria.gov.uk/childrensservices/childrenandfamilies/privatefostering/whatispfostering.asp</i></p>			
Signed:			
Date:			

Please return your completed form to info@rrma.org.uk or by post to Morton Academy, Wigton Road, Carlisle CA2 6LB.
For further information please contact Claire Allen or telephone 01228 822644.

For Academy use only: Date received:

