

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:					
Child’s surname:					
Date of Birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	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:		

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:</i></p> <p>http://www.cumbria.gov.uk/childrenservices/childrenandfamilies/privatefostering/whatisfostering.asp</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 Tracy Roberts or telephone 01228 822644.

For Academy use only:

Date received:



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