**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**

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

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| --- | --- | --- | --- |
| Full name of Parent/Carer: |  | 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  No | |
| **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.**  *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*  *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*](http://www.cumbria.gov.uk/childrensservices/childrenandfamilies/privatefostering/whatispfostering.asp) | | | |
| Signed: |  | | |
| Date: |  | | |

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| Please return your completed form to [info@rrca.org.uk](mailto:info@rrca.org.uk) or by post to Central Academy, Victoria Place, Carlisle, CA1 1LY. |
| For further information please contact Stephanie Slater or telephone 01228 822060. |

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| **For Academy use only:**  **Date received:** |