**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: |

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 | 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 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:** |