**IN-YEAR ADMISSION APPLICATION FORM**

|  |  |  |
| --- | --- | --- |
| If you are seeking an in-year admission for your child, please complete and return this form to the academy. Once returned, Miss Clark, the Vice Principal, will then discuss at next Senior Leaders’ meeting to see if we have space in teaching groups to accommodate your child as some year groups and option subjects are full. **(All boxes must be completed.)**  Miss Clark will then contact you after the meeting. | | |
| **Student Name:** | | **Year Group:**  **Date of Birth:** |
| **Current School:** | | **Attendance Record (%):** |
| **If Year 9 or above, please detail option choices/target grades or sets for English and Maths (including exam boards):** | | |
| **How would you describe your child’s attitude to learning and their work ethic?** | | |
| **Parent/Carer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **Parent/Carer’s Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Parent/Carer’s Contact Telephone Number:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **Reason for Transfer:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **Does your child have any Special Educational/Medical Needs that the academy should be aware of:** | | |
| **If so, does your child’s current school make an reasonable adjustment to provision or do you feel that any specific adjustment is required, if so, please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **Any other information:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **Signature of Parent/Carer:** | **Date:** | |