

Form SA8

Request for in-year admission to school

Please read the **“Applying for an in year school place in Cumberland”** leaflet **carefully** before you complete this form. Please complete in block capitals.

ALL SECTIONS MUST BE FULLY COMPLETED – ANY INCOMPLETE FORMS WILL BE RETURNED TO THE PARENT OR 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"/>	<input type="text"/>	<input type="text"/>	Gender (male/female)	_____	
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:					Yes <input type="checkbox"/>	No <input type="checkbox"/>
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:					Yes <input type="checkbox"/>	No <input type="checkbox"/>
An Education, Health and Care Plan (EHCP) 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:					Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ever been permanently excluded from school					Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the child attended a pupil referral unit (PRU) during the last 12 months?					Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there any other specialist services involved e.g., social worker / youth offending worker?					Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give name details						

Current or last school / home education (name & 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	_____					

Name of school to which you are seeking admission (in order of preference)

1

2

3

Date place required from _____

Are you applying for any of these schools on the basis of faith?

Yes

No

If yes, which faith? _____

If it is not possible to offer your preferred schools, would you consider admission to a Catholic school?

Yes

No

Why is a change of school being sought? Please give details. If your request is due to a change of address, please tell us the old and new address (continue on a separate sheet if necessary)

Section 2- Parent/carer details

Full name of parent/carer _____

Title (Mr/Mrs/Ms/Miss etc) _____

Relationship to child _____

Contact tel number _____

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 240 1727 or on your Local Authorities website

Signed _____

Date _____

Please return your completed form to school.admissions@cumberland.gov.uk or by post to:
School Admissions, Cumberland Council, PO Box 415, Carlisle, CA1 9GU

For further information please contact school.admissions@cumberland.gov.uk, or telephone 01228 221582

For School Admissions and Appeals use only:

Date received: