Form SA8

a Traveller child

If yes, please give name details

(name & address)

current school?

of the previous school

Current or last school / home education

Is the child still attending the above school?

If less than 12 months, please give details

How long has the child attended their

Request for in-year admission to school

ALL SECTIONS MUST BE Section 1 - child's det	FULLY COMPLETED - ANY INCOMPLETE FORMS W	ILL BE RETURNED TO	THE PARENT OR CARER
Child's first name	diis		
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 If yes please provide name(s), date(s) of birth and current school(s):		Yes 🗌	No 🗌
15			_
If you want to apply	for a place for this/these children, please comp	olete a separate for	m.
Is the child:	uthority / proviously looked after by a local au	the ritus?	Vac 🗆 No 🗆
If yes, please give furth	uthority / previously looked after by a local aut	monty?	Yes ∐ No ∐

Westmorland

No 🗌

Yes 🗌

No 🗌 No 🗌 Yes 🗌 Yes 🗌 Forces family Asylum seeker Does the child have: An Education, Health and Care Plan (EHCP) or is currently undergoing a statutory No \square Yes 🗌 assessment? Yes 🗌 No 🗌 A pastoral support plan at their current / most recent school? Has the child: Yes 🗌 No \square Ever been permanently excluded from school Has the child attended a pupil referral unit (PRU) during the last 12 months? Yes 🗌 No 🗌 Are there any other specialist services involved e.g., social worker / youth offending Yes \square No \square worker?

Yes 🗌

No 🗌

a carer

If no, what was the last

date s/he attended?

No 🗌

Yes 🗌

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 🗌	
	ol being sought? Please give details. If your requal new address (continue on a separate sheet if neo		nange of address,	
Section 2- Parent/carer 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 corr	espondence to be sent to this email address	Yes 🗌 💮 1	No 🗌	
understand that any pla be withdrawn. I conser	rental responsibility for this child and the infor ace offered on the basis of fraudulent or intenti nt to the information on this form being shared at may be made with the child's current/previous a and exclusion data.	ionally misleadi with appropriat	ng information may se agencies and	
Fostering and it is a legal retick this box Further info	ne else's child for more than 28 days and you are not a equirement that you inform the Local Authority. If you to ormation is available by contacting 0333 240 1727 or or	hink you may be P	rivate Fostering, please	
Signed				
Date				
Please return your completed form to school.admissions@westmorlandandfurness.gov.uk or by post to: School Admissions, Westmorland & Furness Council, PO Box 305, Kendal, LA9 9GZ				
For further information plea	se contact school.admissions@westmorlandandfurnes	s.gov.uk, or teleph	one 0300 303 8144	
For School Admissions a Date received:	nd Appeals use only:			