



APPLICATION FORM FOR AN IN-YEAR ADMISSION (SCHOOL YEAR 2018/19)

**Applicant Details (Please use block capitals)**

|   |                    |
|---|--------------------|
| Legal Forename:                           | Legal Surname:     |
| Preferred Forename:                       | Preferred Surname: |
| Middle Name(s):                           | Date of Birth:     |
| Gender:    Male    Female (please circle) |                    |
| School Year Group Applying for:           |                    |

**Parent/Carer Details**

|  |  |
|--|--|
| Forename   | Surname  |
| Address:   | Is this the same address as the pupil?    YES    NO (please circle)      |
| Email Address:   | Contact Number:  |
| Is the above address your current home address:<br>YES    NO (please circle) | Is the property rented or freehold<br>RENTED    FREEHOLD (please circle) |

**Current School**

|  |                     |
|--|---------------------|
| Name of School:                          | Location of School: |
| Reason(s) for wishing to change schools: |                     |

Please state under which criteria you wish your application for your child to be considered. You may select more than one.

|  |   |   |  |                                |
|--|---|---|--|--------------------------------|
| <b>Criterion 1</b><br>Looked After<br>Children * | <b>Criterion 2</b><br>Medical or Social * | <b>Criterion 3</b><br>Sibling<br>Name and year of<br>sibling: | <b>Criterion 4</b><br>Children of Staff<br>Staff Name: | <b>Criterion 7</b><br>Distance |
|--|---|---|--|--------------------------------|

\* Documentation required. A full explanation of each criterion can be found in our Admissions Policy on our website.

Please read carefully before submitting your application and ensure that you provide us with the necessary paperwork.

This completed form should be returned directly to the Admissions Officer at Goffs Academy

|  |            |          |
|--|------------|----------|
| Does your child have an Education Health Care Plan or a statement of special needs   | YES        | NO       |
| Was your child previously looked after but was then adopted or became subject to a Residence order or special guardianship order? <i>(If yes please apply under criterion 1)</i> | YES        | NO       |
| Do you have parental responsibility?   | YES        | NO       |
| Does another person also have parental responsibility?<br>If yes, do they agree with this application being made?  | YES<br>YES | NO<br>NO |

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**Documentation Checklist**

If applying under Criteria 1, 2 or 7 please tick the relevant boxes to show that you have provided all the documentation required (photocopies can be made at the school either via Reception if you come in or include a stamped addressed envelope and we will return them).

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**Criteria 1 (Looked After Children)**

Please indicate which of the following best describes your child's circumstance:

Looked-after child  Adopted from care  Residence Order from care  Special Guardianship Order from care

I include a letter from Social Services, other relevant statutory bodies or an appropriate professional  Yes  
 I include a copy of the Adoption Certificate (if application)  Yes

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**Criteria 7 (Distance)**

You must provide all of these documents showing the names of all adults living at the property

Most recent council tax statement  Yes  
 A current original utility bill  Yes  
 Rental Agreement (if renting)  Yes  
 Stamped Address Envelope (if posting)  Yes

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Is the address given on this form the child's main residence \* YES NO

\* Please see our Admissions Policy for clarification

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**Parental Declaration**

If you deliberately give false information, the offer of a school place may be withdrawn. All of the information I have given on this form is correct and up-to-date. I understand that you will inform my child's current school of this application and will share the information in this application with the local authority. I understand that my child must be able to take up the allocated school place immediately and that the place may be withdrawn if not accepted within 10 school days.

I confirm that I have parental responsibility for this child and/or the agreement of all persons with parental responsibility

I enclose all the required supporting documentation.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_