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 | | |  | | | | | | |  | | | 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): | | | | | | | | | | | | | | |  | | | | | | | | | |  |
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|  | *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**: | | | | | | | | | | | | | | | | | | | | | | | | | |
| An Education, Health and Care Plan (EHCP)? | | | | | | | | | | | | | | | | | | | | 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 |  |
| 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 worker? | | | | | | | | | | | | | | | | | | | | Yes | | | | No |  |
| If yes, please give name details | | | | | | | |  | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Current or last school / home education**  **(name & 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 | | | | | | |  | | | | | | | | | | | | | | | | | |  |
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| 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 |  |
| What is your primary language? | |  | | |  |
|  | | |  |  |  |
| 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 0300 013 2065 or on your Local Authorities website.* | | | | | | | |
| Signed |  | | | | | |  |
| Date |  | | | | | |  |
|  | | | | | | | |

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| Please return your completed form to or for further information, email [**school.admissions@cumberland.gov.uk**](mailto:school.admissions@cumberland.gov.uk)  **or** by post to: **School Admissions, Cumberland Council, PO Box 415, Carlisle, CA1 9GU** |

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| **For School Admissions and Appeals use only:**  **Date received:** |