



In Year School Application

Please complete a separate form for every child that requires a place.

Part 1 to be completed by applicant

Part 2 to be completed by child's current school if the school is in the UK

(the whole application must be kept together when passed on to the school).

PLEASE COMPLETE THIS FORM USING BLOCK CAPITALS

REASON FOR YOUR APPLICATIONS:

- | | |
|---|--------------------------|
| 1. Moving into Cambridgeshire | <input type="checkbox"/> |
| 2. Living in Cambridgeshire moving to another address | <input type="checkbox"/> |
| 3. Not moving address but wishing to change schools in Cambridgeshire | <input type="checkbox"/> |

PART 1 **Date you would like the school place from:**

Section 1 – Your child's details

Family Name:			
Child's First Name(s):			
Middle Name(s):			
Date of Birth:	Year Group:	Male	Female
DD/MM/YYYY			
Address where child usually lives:			
Postcode			
If you child lives part time at another address, please provide details here:			
Postcode			
How is your child's time divided between the two addresses?			

Please note you must provide evidence of the address your child will be attending school from, by way of a copy of a signed tenancy agreement, a copy of exchange of contact with completion date or a copy of utility bill. Your application cannot be processed without this. You do not need to submit proof of address if your child attends a mainstream Cambridgeshire school and you are not moving.

PLEASE DO NOT SEND ORIGINALS.

Details of your child's current school

Name of school	
Address	
Head Teacher	Form Teacher
Year Group	Telephone Number

Is your child currently attending this school? If NO – what was the last date your child attended this school? Please explain how your child is currently being educated:	Yes	No
Has your child been the subject of a permanent exclusion	Yes	No
Does your child have any of the following:		
• A Statement of Special Education Needs	Yes	No
• Support in school as part of any Individual Education Plan (IEP) or pastoral Support Programme (PSP)	Yes	No
• A particular medical requirement which results in the need for specialist facilities or support	Yes	No
Do you receive support from the Parent Partnership Service?	Yes	No
Has your child previously attended a Special School?	Yes	No
Is this child Looked After i.e. in public care / fostered by you, Previously Looked After , now adopted, subject to a Residence order or Special Guardianship Order?	Yes	No
If Yes, this application should either be completed by the child's Social Worker or you must provide relevant documentation evidencing this.		
Are you privately fostering this child?		
Private fostering is when a child under the age of 16 (or 18 if the child has a disability) lives with someone who is not a close relative (i.e. not their grandparents, aunt, uncle, brother, sister, cousin or step-parents) for 28 days or more unless that person has parental responsibility for them or is a local authority or agency foster care. A private fostering arrangement, whether it is already in place or will be in the future, must by law be reported to the County Council. To notify the County Council of a private fostering arrangement please call 01223 518730.		

Section 2 – Your details		
Title: Mr / Mrs/ Miss / Ms / Dr	Initials:	Surname:
Relationship to child:		
Address (if different from child's address in Section 1):		
Contact Tel. No:	Mobile No:	
If you wish to receive your school offer by email please provide your address below		
Email address:		
Other adults with Parental Responsibility for the child		
Title: Mr / Mrs / Miss / Ms / Dr	Initials:	Surname:
Relationship to child:		
Address (if different from child's address in Section 1):		
Contact Tel. No:	Mobile No:	

Section 3 – Brothers and sisters

If you have any other children living at the same address as the child in Section 1, please complete this section.

Name	Date of Birth	School

Section 4 – House moves

If you are moving into or within Cambridgeshire, please state the address to which you will be moving to and the anticipated moving date:

Anticipated moving date:

Please note: We cannot allocate a school place based on a new address until contracts have been exchanged and a completion date is known or a lease agreement has been signed on a rented property. Evidence of this must be provided when you submit this form. Your application will not be processed without this.

Section 5 – Applications from outside the UK / or for children who are accessing education in the UK for the first time

Nationality
Reason for being in the UK
Date of arrival in the UK
Length of stay in the UK

Please note: Proof of the date of birth is required to determine the correct year group for the child to be placed in. This can be in the form of a photocopy of the child's passport or birth certificate. Your application will not be processed without this. We recommend you visit the following websites to confirm you are aware of the Home Office regulations and laws on state education. <https://www.gov.uk/study-visit-visa> and <https://www.gov.uk/standard-visitor-visa>

Section 6 – Your preferences for a school

If you want to apply for a place in a particular school, but you know the school is full, make sure you name it on this form anyway. This will ensure your details are added to any reserve list and you are informed of your right appeal. Preferences for schools other than within Federation will be sent to the Local Authority Admissions Team for processing.

We strongly advise you to name your catchment area school as one of your preferences. If you choose a school other than the catchment area school or nearest school to your home address you will be responsible for the arrangements and cost of transport.

I wish my child to attend one of the following schools, in order of preference.

1st Preference

2nd Preference

3rd Preference

Please tick box if an alternative offer is required if above preferences cannot be met

Please explain briefly the reasons for your preferences of school:

Section 7 – I have not moved but would like my child to attend a different school

You must fill in this section if you have not moved, but would like your child to attend a different school.

Why do you want your child to move school? Please give as much further information as you can to support your request, using a separate sheet if necessary.

Have you discussed the reasons for wanting to move your child to a different school with their current school? YES / NO

Who have you talked to at your child's present school?

Head	Deputy	None
Head of Year	Tutor / Class Teacher	

PART 2 This section should be completed by the Headteacher of your child's current school.

Pupil Name	Date of Birth
School	
Does this child have an EHA?	Yes / No

Attendance			
Attendance (%)		Period Covered	
Punctuality	Good / Average / Poor	EWO Involvement	Yes No

Special Needs				
SEN Support	Yes	No	IEP	Yes No
If yes, details			EHCP	Yes No

Other Agencies involved (please tick)			
Educational Psychologist		Social Worker	
In School support / specialist Teacher		ESLAC	
Education other than at school		Locality Team	
Parent Partnership Service		Other (please specify)	

Other Strategies	
PSP	
Fixed term exclusions	
Other	

Discussion with the School	Please specify
Has the transfer requested been discussed with the school?	Yes No
Does the school support the parent's request for transfer?	Yes No
Would a transfer be detrimental to the child in any way?	Yes No

To help this child's future school easily discuss the above with you please give below your full contact details. Thank you for your help in completing this form.

Name:	Position held:
Email:	Tel. No. (including extension):
Headteacher's signature:	Date:

SCHOOL STAMP:

Please add any other comments you think we might find helpful overleaf

Please add any other comments you think we may find helpful:

Section 8 – Declaration	
I understand that:	
<ul style="list-style-type: none"> Should my child be allocated a place at my preferred school, I will be responsible for transport to and from the school, unless the school is the catchment or designated school for my child's home address and is beyond the statutory walking distance. 	
<ul style="list-style-type: none"> I declare that the information contained in this form is both accurate and up-to-date. 	
<ul style="list-style-type: none"> The information on this form will be held and used by Parkside Federation Academies Admissions in accordance with the Data Protection Regulations for the purposes of administration of school admissions. We collect your details to process your application for school admissions and may contact you about related school admission and transport issues. <p><i>Further information about how we collect and use data and your rights around this, can be found on our Privacy page on our website: http://www.parksidefederation.org.uk/statutory/privacy-notice/.</i></p>	
<ul style="list-style-type: none"> If I am applying for a school in another Local Authority Area this form will be sent to that Local Authority Admission Team for processing. 	
<ul style="list-style-type: none"> If I am applying for a school(s) that is / are their own admission authority, i.e. an Academy, Foundation or Voluntary-Aided School, this form may be sent to them. 	
<ul style="list-style-type: none"> I can confirm I have provided my child's current school with a copy of this application to enable them to complete and return Part 2 (this is not required if you are moving into Cambridgeshire from overseas). 	
<ul style="list-style-type: none"> All adults with parental responsibility for the child are in agreement with this application, and understand if a dispute is later raised, this application may be cancelled. 	
<ul style="list-style-type: none"> I hereby give permission for the information on this form to be shared with the Parent Partnership Service and other relevant officers, where appropriate. 	

I confirm that I have:

Signed the form	
Enclosed copy of proof of address	
Enclosed a copy of passport or birth certificate if required	
Named my child's current school and Part 2 is completed by the current school	
Named my preferred school(s)	

Signed:	Dated:
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Signed:	Dated:
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Administration / Processing of Applications

We aim to operate a ten school day turnaround from the date your application is received.

Admission Team office hours

Monday to Thursday 8am to 4.30pm

Friday 8am to 3.30pm

Contact Details

Admissions enquiries: Tel. 01223 271569

Email: admissions@cap.education

Admissions
Business Support Administration
Cambridge Academic Partnership
Coleridge Community College
Radegund Road
Cambridge
CB1 3RJ

Important Information - Applications for Year 8, 9, 10 and 11 places for September 2019 to Coleridge, Parkside and Trumpington Community Colleges-

First Round

Applications received by Monday 10th June will be processed week commencing Monday 1st July.

Second Round

Applications received after Monday 10th June will be processed week commencing Monday 29th July

If you would like this information in Braille, large print or other languages, please contact 01223 271569 or admissions@cap.education