

Office use only

Child's surname:

Year Group:

Date of Admittance:


Alder Grove
 Church of England Primary School

APPLICATION FOR IN-YEAR ADMISSION TO ALDER GROVE CHURCH OF ENGLAND PRIMARY SCHOOL

All sections of this application form must be completed where applicable. Reference should be made to the school's admissions policy to understand the basis on which your application will be considered by the school. Your completed application form must be returned to the school. Please use **CAPITAL** letters.

If you wish to apply for any other school in the Wokingham borough, you may apply to the Wokingham Borough Council by completing the form available at: www.wokingham.gov.uk/admissions.

SECTION 1 – APPLICATION INFORMATION

Date from which admission is required	Day	Month	Year
Reason for your application (please tick as appropriate) If moving from abroad we will need to see <u>your</u> and <u>your child's</u> passport and any necessary visa(s).	A Moving to the Wokingham Borough from another area of the United Kingdom		<input type="checkbox"/>
	B Moving to the Wokingham Borough due a posting to the area (applicable to Crown Servants and Service personnel)		<input type="checkbox"/>
	C Moving to the Wokingham Borough from abroad		<input type="checkbox"/>
	D Moving to another area of the Wokingham Borough		<input type="checkbox"/>
	E Wanting to transfer schools but not moving		<input type="checkbox"/>

SECTION 2 – YOUR CHILD'S DETAILS

Child's full name	Legal Surname:
	First name:
	Middle name(s):
	Preferred Surname if different from above:
Please circle: Male Female	Date of Birth: Day Month Year

SECTION 3 – YOUR DETAILS

<p>Name and contact details of parent</p> <p>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 responsibility to contact the local authority on 0118 974 6243 or see council website</p>	<p>Full name:</p> <p>Title:</p> <p>Relationship to child:</p> <p>Do you have parental responsibility? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, please provide details.</p> <p>Home telephone: Mobile:</p> <p>Email:</p> <p>Current address:</p> <p>House number: House name:</p> <p>Street:</p> <p>Town/Village:</p> <p>County: Post code:</p> <p>Is this the child's address: Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Current address of child if different to parent</p>	<p>House number: House name:</p> <p>Street:</p> <p>Town/Village:</p> <p>County: Post code:</p>
<p>Address of proposed new address, if moving</p> <p>Evidence of move will be required.</p> <p>Please advise if there are any changes to these plans as this may affect the allocation of a school place.</p>	<p>Anticipated date of move:</p> <p>House number: House name:</p> <p>Street:</p> <p>Town/Village:</p> <p>County: Post code:</p> <p>New home telephone number:</p> <p>Have you exchanged contracts or completed, or are you in receipt of a signed rental agreement for this property? (Please submit this information with your application when it is available).</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

SECTION 4 – CURRENT OR LAST SCHOOL

<p>Child's current or last school</p> <p>Continue reasons for leaving on additional sheet of paper if there is insufficient space</p>	<p>Name of school:</p> <p>Address:</p> <p>School telephone number:</p> <p>Date of last attendance, if not currently attending:</p> <p>Year group: <input type="text"/></p> <p>Does your child have any fixed or permanent exclusions? If yes, please provide details below.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Reason for leaving or reason for request to change school:</p>
<p>Please note that the trust may seek further information from your child's current school to verify information provided on this application form or to determine whether the Fair Access Protocol should be considered for your child's application.</p>	<p>Have you discussed the proposed change of schools with your child's current school?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Is there any additional information which you consider is relevant to this application? In particular whether you consider the application should receive consideration under Wokingham Borough Council's Fair Access Protocol (available on the in-year page at: www.wokingham.gov.uk/admissions)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

SECTION 5 – SCHOOL PREFERENCE

You are applying for Alder Grove Church of England Primary School and this is your opportunity to give your reasons for your preference.

<p>Reasons for choice:</p>

SECTION 6 – ADDITIONAL INFORMATION

A Does your child have an Education, Health and Care Plan (EHC)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
B Is the child looked after or previously looked after by a local authority? Relevant supporting information will be required.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of local authority: <input style="width: 500px;" type="text"/>		
C Are you applying on grounds of serious medical, physical, psychological, or social need? Evidence from professionals will be required.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
D Does your child have a sibling(s) living at the same address already attending Alder Grove Church of England Primary School?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of child	Date of birth	Address of sibling

SECTION 7 – DECLARATION

Personal information contained in this form is subject to (EU) General Data Protection Regulations (GDPR). If you would like more information about how Alder Grove Church of England Primary School uses your data please see our Privacy Notice(s) which are available on the website.

I understand that this information will be stored securely and may be shared with any appropriate agencies.

The Keys Academy Trust reserves the right to carry out further investigations and require additional evidence to verify information contained in this form, including contacting the child's previous school.

I enclose supporting information relating to (please tick):

Section 1 ☐ Section 2 ☐ Section 6B ☐ Section 6C ☐

Other ☐

I declare that the information I have given on this form is correct and that I am the person with parental responsibility for the child named above.

I confirm that, to the best of my knowledge, the declared address will continue to be the child's residence beyond the start of school and I will inform the school admissions team of any changes.

I have read and understood the admission arrangements and criteria for Alder Grove CE Primary School and have completed and submitted any additional or supplementary information forms which may be required.

I understand that applications can take 20 school days to process once all supporting evidence has been submitted.

I understand that any place offered may be withdrawn if I give false or misleading information.

Signature of
parent:

Date: