|  |  |
| --- | --- |
| **A bear and mountains with text  Description automatically generated** | **Office Use Only**  **Date received: / /**  **Proof of address seen: YES/NO**  **DOB proof seen: YES/NO**  **Distance:**  **LA informed of outcome (date): / /** |

**In-Year Admissions Application Form**

|  |
| --- |
| **1. Student’s details** – Please complete this form in full. If the space provided is not sufficient in any section, please attach a separate sheet. If you have any queries when completing the form, please contact the admissions officer: [sjhinyearadmission@sjhcsc.co.uk](mailto:sjhinyearadmission@sjhcsc.co.uk) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Surname:** |  | **Forename(s):** |  | **Middle name(s):** |  |
| **Preferred Name:** |  | **Date of Birth:** |  | **Sex** (please tick) | Male  Female |

|  |  |  |
| --- | --- | --- |
| **Current Address** (this must be the student’s normal place of residence, not a relative’s or carer’s address)**:** | **House/Flat Name/Street:**  **Second Line:**  **City:** |  |
| **Post Code:** |  |
| **Previous address** (if within last two years): | **House/Flat Name/Street:**  **Second Line:**  **City:** |  |
| **Post Code:** |  |

|  |
| --- |
| Name of the School you want to apply for: |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name:** | Sir John Hunt Community Sports College | | | **Year group:** |  | |
| If this student has a sibling at the school named above, please complete details below (for the definition of 'sibling' please see the schools over subscription criteria detailed in the Admissions Arrangements available on the school website). | | | | | | |
| **Name of sibling:** |  | **Date of birth**: |  | **Sibling current year group**: | |  |

|  |  |
| --- | --- |
| **Name and address of current school (if applicable)** | |
| **School Name:**  **Road:**  **City:** |  | |
| **Post Code:** |  | |
| **Start date at current school:** |  | |
| **Is your child currently attending this school:** | Yes /No | |
| **If No what was the date they last attended?** |  | |

|  |
| --- |
| Moving house: |

|  |
| --- |
| **If you are moving house, please give your intended new address, the date you intend to move and provide proof with this application:** |

|  |  |  |
| --- | --- | --- |
| **Intended new Address** | **House/Flat Name/Street:**  **Second Line:**  **City:** |  |
| **Post Code:** |  |
| **Date you intend to move (proof of this new address must be provided with this application):** | |  |

|  |
| --- |
| Further information: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Has this student been excluded from school within the last 12 months?** | | **Fixed period** | | Yes  No |
| **Permanent** | | Yes  No |
| **Does this student have an Education, Health & Care Plan (EHCP)** | | | | Yes  \* No |
| \*If the child has an EHCP, the application should be made direct to the SEN team at the Local Authority and cannot be processed by the school | | | | |
| **Is this student ‘looked after’ or previously ‘looked after’ by a Local Authority?** | | | | Yes \*\* No |
| **If Yes, Name of the Local Authority:** | | | |  |
| **Name of Social Worker:** | | | |  |
| **Telephone number and email address of Social Worker:** | | | |  |
| \*\*If the student is or has been in the care of a Local Authority, a copy of any Order reflecting the current status and a letter from the Local Authority is required to confirm the student's Looked After Status. | | | | |
| **Do they require support with English Language?** | | | |  |
| **What is the student's nationality?** | | | |  |
| If your child is not a UK National: you must check your child is eligible to attend a state-funded school. If your child is here on a 6-month Standard Visitor or 11-month Short-term Study visa, you are not eligible to make this application, but can contact the Local Authority for advice. | | | | |
| **Please include any other information that you think is relevant to this application.**  **(This may include details of any disability (physical, sensory – sight, hearing, speech), learning difficulties, need for English as an additional language support etc. (Please continue on a separate sheet of paper if necessary)** | | | | |
|  | | | | |
| **Please give details of other individuals or groups who have worked/are currently working with this student (e.g. Social Worker, Youth Offender Team, Education Welfare Officer. (Please give contact details if possible):** | | | | |
| **If anyone else has joint parental responsibility for this child other than the person making the application, e.g. mother or father living at the same or a different address to the child, please give their contact details below:** | | | | |
| **Name:** |  | | **Relationship to child:** |  |
| **Address** | | | **House/Flat Name/Street:**  **Second Line:**  **City:** |  |
| **Post Code:** |  |
| **Are all parties in agreement with this move:** | | | | Yes  No |

|  |
| --- |
| 2. Parent/Guardian/Carer details? (A second contact is optional) |

|  |
| --- |
| **Please note: Being a step-parent does not automatically grant parental responsibility. If you are not the child's parent and the child is not in the care of the Local Authority, you must provide a letter from the parent to explain the circumstances, or a copy of official documentation to show legal guardianship of the child.** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Contact 1** | | | | | | |
| **Parent/carer: Title:** | |  | **Forename:** |  | **Surname:** |  |
| **Relationship to student (e.g. mother/father, stepmother /stepfather)** | | | |  | | |
| **Address if different from student.** | **House/Flat Name/Street:**  **Second Line:**  **City:** | | |  | | |
| **Post Code:** | | |  | | |
| **Home telephone number:** | | | |  | | |
| **Mobile telephone number:** | | | |  | | |
| **Work telephone number:** | | | |  | | |
| **Email address:** | | | |  | | |
| **Are you a serving member of the Armed Forces or Crown Servants Personnel?** | | | | Yes  No | | |
| **Do you currently work at the school?** | | | |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Contact 2** | | | | | | |
| **Parent/carer: Title:** | |  | **Forename:** |  | **Surname:** |  |
| **Relationship to student (e.g., mother/father, stepmother /stepfather)** | | | |  | | |
| **Address if different from student.** | **House/Flat Name/Street:**  **Second Line:**  **City:** | | |  | | |
| **Post Code:** | | |  | | |
| **Home telephone number:** | | | |  | | |
| **Mobile telephone number:** | | | |  | | |
| **Work telephone number:** | | | |  | | |
| **Email address:** | | | |  | | |
| **Are they a serving member of the Armed Forces or Crown Servants Personnel?** | | | | Yes  No | | |
| **Do they currently work at the school?** | | | |  | | |

|  |
| --- |
| Declaration and undertaking |

|  |
| --- |
| * **I am the person with parental responsibility for the student named in this application, and we ordinarily reside at the address provided.** * **The information I have given is true to the best of my knowledge and belief.** * **I will notify the School Admissions Officer of any changes to the details in this application as they occur.** * **Any false, deliberately misleading or withheld information may render this application invalid and could lead to the application and any associated school offer to be withdrawn.** * **I have checked and have confirmed the student’s eligibility for state-funded education.** * **I have read the Privacy Notice on the school’s website and understand how my information may be used.** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant’s name:** |  | **Relationship to student:** |  |
| **Do you have parental responsibility for this student?** | | Yes  No | |
| **Signature:** |  | **Date:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Second contacts name:** |  | **Relationship to student:** |  |
| **Do they have parental responsibility for this student?** | | Yes  No | |
| **Signature:** |  | **Date:** |  |

|  |
| --- |
| 3. Next Steps |

|  |
| --- |
| **You should now ensure that you have enclosed a copy of the following information where relevant:**   * Proof of your child's date of birth. * Proof of address: For example, a copy of the current council tax bill for the home address, which shows your name and your council tax reference number. * If the student is not a UK National, you must check your child is eligible to attend a state-funded school. If your child is here on a 6-month Standard Visa or 11- month Short-term Study visa, you are not eligible to make this application. Please contact the Local Authority for advice. * For those arriving or returning to the UK: evidence to confirm the student’s arrival in the UK. * If you are not the student’s parent and the student is not in the care of a Local Authority: a letter from the parent to explain the circumstances or a copy of the official documentation to show legal guardianship of the student. |
| **Please check your application as errors may result in delays processing your application. Scan and email these documents to** [sjhinyearadmission@sjhcsc.co.uk](mailto:sjhinyearadmission@sjhcsc.co.uk) **or post the completed form and a copy of the supporting information to the school address.** |