



Shire Oak Academy MIDYEAR ADMISSION FORM Part A

(PLEASE COMPLETE ONE APPLICATION PER CHILD)

All information is held in accordance with our Data Protection policy.

1. Reason for your application – please complete one form per child.

1. Moving into the Walsall area 2. Not moving, but wanting a new school

2. Please fill in ALL boxes to tell us about your child: (please include legal surname and forename)

First name of child:	
Last name of child:	
Boy or Girl:	
Date of Birth:	
Current Year Group:	
Current Address, including postcode:	

3. Name of Parent(s)/Carer(s):

Name of Parent(s)/Carer(s):	
Home Telephone Number:	
Work Telephone Number:	
Mobile Telephone Number:	

4. If you are moving, please state your new address: (The academy will need evidence of a change of address for your child, i.e. medical card to confirm residency at the new address).

New Address (including postcode):	
Estimated date of occupancy:	
Documentary evidence provided: (where necessary)	

4. PLEASE ANSWER THE FOLLOWING QUESTIONS BY TICKING (✓) YES or NO

Does your child have a statement of SPECIAL EDUCATIONAL NEEDS?

Yes No

Please state the name of the Local Authority that issues your child's STATEMENT OF SPECIAL EDUCATIONAL NEEDS:

Is your child in PUBLIC CARE (looked after children) Yes No

State the name of the Council and Social Worker who are responsible for your child.

Local Authority: _____

Name of Social Worker: _____

Is your child from a returning Service/Crown Servant family? Yes No
(MOD, FCO, or GCHQ).

If any of the above apply to this child then evidence will be required to support the application.

5. CURRENT/PREVIOUS SCHOOL:

Name of Current/Previous School:	
Does the Headteacher of your child's current school know about this application?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of leaving school:	
Has your child ever been excluded from a current/previous school?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, give dates of fixed term and/or permanent exclusions.	
Please give details of any other agencies involved with your child (eg YISP/Connexions, EWO etc).	

6. REASON FOR APPLICATION/TRANSFER (PLEASE GIVE DETAILS):

--

Shire Oak Academy

MIDYEAR ADMISSION FORM

Part B

(This form should be completed by the child's current school).

Name of your school

--

Information about the child

Child's legal Forename(s)	Child's legal surname
Any other name(s) used by the child	Child's date of birth
Child's gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Child's UPN

Child's current year group

Year 7 Year 8 Year 9 Year 10 Year 11 Year 12 Year 13

Reasons for change of school

Please provide any available information about the circumstances which have led to the request for a change in school

--

Do you believe that a change of school would be in the best educational and social interests of the child?

Yes

No

About the child's needs

Is the child on the Special Educational Needs Code of Practice? Yes No

SEN stage of Code of Practice? K EHCP

Reason

About the child's abilities

Is the child on the Gifted and Talented register? Yes No

If yes, please state areas in which the child excels

Academic Information - Key Stage 2

Please provide the following Key Stage 2 SAT levels

English Mathematics Science

Academic information- Key Stage 3

If the child is in Key Stage 3, please complete this section.

<u>Subject</u>	<u>Predicted Level</u>	<u>Level Achieved</u>
English		
Mathematics		
Science		

Academic information- Key Stage 4

If the child has started examination courses, please complete this section.

<u>Subject</u>	<u>Predicted Grade</u>	<u>Level (GCSE, BTEC)</u>	<u>Examination Board</u>	<u>Course/ Syllabus code</u>
English				
Mathematics				
Science				

Information about outside agency intervention

Have any outside agencies been involved with this student? Yes No

If yes, please complete the section below

Agency	Keyworker	Contact Details	Type of intervention	Still Active?

Is the child still attending school regularly? Yes No

If no, please state last date attended / /
--

Additional information required

Please provide a copy of the following documents:

Document provided?

Attendance record from date started at current school	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Behaviour incident log from date started at current school	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medical record	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Most recent academic report	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Risk Assessment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Individual Educational Plan*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pastoral Support Plan*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Paperwork from outside agency intervention*	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please list other documents provided

Declaration
I certify that the information I have provided is true to the best of my knowledge.

Signature	Position in school
Print name	Contact number

Date

Please ensure all relevant sections of this form are completed before returning it and all requested documentation in a sealed envelope to the parent/carer of this student.