



# 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)**

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

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

<b>Name of Parent(s)/Carer(s):</b>	
<b>Home Telephone Number:</b>	
<b>Work Telephone Number:</b>	
<b>Mobile Telephone Number:</b>	
<b>Email address:</b>	

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:**

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

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

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# Shire Oak Academy

## MIDYEAR ADMISSION FORM

### Part B

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

Name of your school

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#### 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

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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
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### 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
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### 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		



**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.

<b>Signature</b>	<b>Position in school</b>
<b>Print name</b>	<b>Contact number</b>

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.