

IN YEAR APPLICATION FORM 2016-2017

TOLLBAR ACADEMY

Section A: Pupil Details

First Name (s)					
Surname					
Gender	Male	Female			
Date of birth	/				/
Year Group	Y7	Y8	Y9	Y10	Y11
Home Address					
Post Code					

Is the child Looked After by the Local Authority	Yes	No
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Does the child have a Statement of Special Educational Needs?	*Yes	No
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*If your child has a Statement of Special Educational Needs you will need to contact the Special Educational Needs and Review Team (SENART) tel. (01472) 323170 as they will need to consult with your preferred school before admission can be arranged.

Section B: Parents/Carers Details

Title	Mr	Mrs	Miss	Ms
First Name (s)				
Surname				
Are you the child's	Parent	Carer	Social Worker	
Telephone Number				
Mobile Number:				
E-mail address				
Is there anyone who should not have access to, or information about the child?	Yes	No		
If Yes please specify who and for what reason				

Section C: Current School Details

Current School	
Address	

Section F: Requested School Details

Name of Academy.....

Reasons you think are relevant:- (please tick)

Catchment:

Sibling attends:

Name of sibling :

DOB of sibling.....Year Group.....

Distance:

Religion or Faith: (please give details

Other: (please give details)

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NOTES:

- Although you are asked to give reasons for applying for the Academy we can only apply the reasons if they are part of the published admission criteria.

If all of the relevant sections have not been completed or if information is incomplete, the form will be returned to you and this could delay your application. Therefore, please ensure you complete the form in as much detail as possible.

Section G: Declaration

I confirm that by signing this document, where more than one person shares parental responsibility for the child, I have consulted and agreed with that person on this application prior to submission.

In addition I am aware that where parents/carers share equally parental responsibility for the child then only one address can be considered and this is the one nominated on this CAF (this will be verified by the local authority on behalf of all admission authorities. Note: Documentary evidence may be requested).

Name:		
Signature:		Parent / Carer / Social Worker (Delete as appropriate)
Date:		

What do I do next?

Unless you have signed Section E above you should give the whole form to your child's current school. They should complete page 4 of this form and then return it back to you. You should then send the whole form to:

**Admissions
Tollbar Multi Academy Trust
Station Road
New Waltham
Grimsby
DN36 4RZ**

**SECONDARY IN YEAR COMMON APPLICATION FORM (CAF)
PART TWO**

This part should be forwarded to and completed by the child's current school and may be forwarded to the requested school once an admission has been agreed.

Current School Details

Name of School:	
Contact Name	
Student's UPN	

Note: On Completion by the current school this form is to be returned to the Parent/Carer.

Has the transfer request been discussed with the school?	Yes	No
Name and designation of person with whom discussed:		
Signature:		
Is the transfer due to a significant change of address?	Yes	No
Has the child been excluded on a fixed term basis? (If yes please give details)	Yes	No
Are they at risk of permanent exclusion?	Yes	No
Does the student exhibit behavioural concerns?	Yes	No
What is the Student's record of attendance in the previous 12 months? <i>Please attach a print out of attendance where possible</i>		
Has there been EWO involvement?	Yes	No
Is there any further advice or information you feel would assist with the transfer request? (eg other agencies involved, any additional support required etc.)		

	SCHOOL STAMP