

IN YEAR ADMISSION FORM (IYAF)

This form must be used to request admission to or transfer between schools during the school Year.
You should complete a separate form for each child and for each school you are applying for.

Please complete all the details in BLOCK CAPITALS, tick the relevant boxes and return this form directly to the school

1. CHILD'S DETAILS

FORENAME:	SURNAME	D.O.B	GENDER
CURRENT ADDRESS	IS YOUR CHILD NEW TO THE UK? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE PROVIDE DATE ARRIVED	CURRENT YEAR GROUP RECEPTION <input type="checkbox"/> YEAR 6 <input type="checkbox"/> YEAR 1 <input type="checkbox"/> YEAR 7 <input type="checkbox"/> YEAR 2 <input type="checkbox"/> YEAR 8 <input type="checkbox"/> YEAR 3 <input type="checkbox"/> YEAR 9 <input type="checkbox"/> YEAR 4 <input type="checkbox"/> YEAR 10 <input type="checkbox"/> YEAR 5 <input type="checkbox"/> YEAR 11 <input type="checkbox"/>	
POSTCODE	Does your child have an Educational Health & Care Plan (EHCP)? YES <input type="checkbox"/> NO <input type="checkbox"/>		
If your child has an EHCP you should not apply for them using this form. Please contact your named SEN officer or SEND area team for more information on the application process.			
Are you a Crown Servant? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If you are UK service personnel or other Crown Servants living abroad with your family, please tick YES. You will need to provide an official MOD, FCO or GCHQ letter declaring your relocation date and address to the school.			
Children in Local Authority Care or Previously in Local Authority Care. Including internationally adopted previously look after children. (This includes children who were previously looked after in Wales, Scotland and Northern Ireland) A 'looked after child' or a child who was previously looked after but immediately after being looked after became subject to an adoption, child arrangements, or special guardianship order. A looked after child is a child who is (a) in the care of a local authority, or (b) being provided with accommodation by a local authority in the exercise of their social services functions (see the definition in Section 22(1) of the Children Act 1989).			
DOES YOUR CHILD QUALIFY UNDER THE ABOVE STATEMENT? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF YES, WHICH AUTHORITY IS/WAS THE CORPORATE PARENT? <input type="text"/>			
IF YES, PLEASE PROVIDE US WITH THE NAMES AND CONTACT DETAILS OF ANY PROFESSIONALS ASSOCIATED WITH THIS CHILD <input type="text"/>			

2. PARENT / GUARDIAN DETAILS

TITLE	FORENAME	SURNAME
RELATIONSHIP TO CHILD	TELEPHONE NUMBER	EMAIL ADDRESS
LIST NAMES OF ALL WITH PARENTAL RESPONSIBILITY <input type="text"/>		
Same address as child? YES <input type="checkbox"/> NO <input type="checkbox"/> If no please provide full address here <input type="text"/>		

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3. REASON FOR APPLICATION

- Reason (tick appropriate box)
- | | |
|--|--|
| <input type="checkbox"/> Moving from outside of the UK | (Country.....) |
| <input type="checkbox"/> Moving from another Local Authority | (Local Authority.....) |
| <input type="checkbox"/> Moving from within county | <input type="checkbox"/> Not moving |
| <input type="checkbox"/> Leaving Private Education | <input type="checkbox"/> Leaving Elective Home Education |
| <input type="checkbox"/> Other - please state below | |

4. SCHOOL APPLYING FOR & CURRENT SCHOOL DETAILS

SCHOOL APPLYING FOR

CURRENT SCHOOL

REASON FOR LEAVING

DATE LAST ATTENDED OR STILL ATTENDING

5. PARENT / GUARDIAN DECLARATION

When completing your Admissions Application for your child, please read the following carefully and confirm your agreement by signing the form. I understand that:

1. All information given in this application is, to the best of my knowledge, true and correct. If, at a later date, any of the information is found to be incorrect I may forfeit any place allocated to my child. I understand that the information collected via this application will be only used to help arrange admission to schools in line with the Schools Admission Criteria.
2. I give permission for ALT to process all the information given in accordance with the Admission Criteria and processes. The information given will not be used for any purpose other than the provision of education. The Admission Authority may share any information that I provide, with colleagues in the Education Service, schools and the Department for Education.
3. ALT undertake that they have in place a level of security appropriate to the nature of this information and further undertake that they will:-

- Not hold information about you or your child that is excessive in relation to the purpose for which it is processed and not keep data processed for any purpose or purposes longer than necessary.
- Keep all information about you or your child accurate and up to date (to help us to do this, please keep us informed of any changes to your details)
- Process your information in accordance with your rights under the Data Protection Act.

Please contact the school if after 10 school days you have not been informed whether a place can be offered. You will be informed if the school cannot offer a place. If you have any further questions, please contact ALT's In Year Admissions Team by emailing altadmissions@activelearningtrust.org.

SIGNED

PRINT NAME

DATE

Please return this form to altadmissions@activelearningtrust.org

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6. SCHOOL'S DECISION – SCHOOL USE ONLY

Please complete all applicable boxes below to inform of the outcome of the application

DATE FORM RECEIVED	SCHOOL NAME	LA	DFE NO.
CHILD FORENAME	CHILD SURNAME	D.O.B	
PLACE OFFERED		PLACE NOT OFFERED	
DATE OFFERED		WAS A PLACE AVAILABLE? YES <input type="checkbox"/> NO <input type="checkbox"/>	
ACCEPTED DATE		WAS THE CHILD ELIGIBLE? YES <input type="checkbox"/> NO <input type="checkbox"/>	
REFUSED DATE		HAVE THEY JOINED THE WAITING LIST? YES <input type="checkbox"/> NO <input type="checkbox"/>	
REASON FOR REFUSAL		Where no offer has been made, has the parent/guardian been sent a letter explaining why they have not been offered a place and have they been advised of their right of appeal? YES <input type="checkbox"/> NO <input type="checkbox"/>	
WITHDRAWN DATE		NOTES	
REASON FOR WITHDRAWAL			

Please ensure you answer all questions. Send completed IYAF to ALT via email:
altadmissions@activelearningtrust.org

Postal address:
 In Year Admissions
 The Active Learning Trust
 Cromwell Community College
 Wenny Road, Chatteris, Cambs. PE16 6UU

(If sending by post, please ensure you keep a copy of the form)