P Form SA1



Request for in-year admission to school

Please read the accompanying "Changing Schools in Somerset In Year" leaflet before you complete this form. Do not complete this form if your child has an Education Health and Care Plan.

child. Any incomplete forms will be returned requiring resubmission, causing a delay in processing.			
Section 1 – Reason for applica	tion		
	oving within Somerset \square Moving to work at Hinkley Point site \square ust be included. Please refer to the "Changing Schools in Somerset In garding proof of address.		
Not moving but would like to	request a change of school □		
	ocal Authority schools accept applications half a term or 6 weeks in oof of posting to the area may apply up to a year in advance)		
School applying for			
Preferred start date			
within the same academic year	chools will not consider more than one application for the same school unless there has been a significant material change, such as a change of applied for a place at this school Yes \square No \square		
Section 3 – Child's detail			
Child's first name	Child's surname		
Date of birth	Gender		
Child's current home address a	and postcode		
New home address and postco	ode if moving (Proof of address required)		
Name and address of current/	previous school		
Is the child still attending this s	school Yes Date last attended Click or tap to enter a date.		
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Is this application for a child currently in the care of a Local Authority Yes \square No \square If **YES**, provide details of the Local Authority responsible for the child and social worker Click or tap here to enter text. Now formally adopted, subject to a residence/child arrangement order or a special guardianship order **Yes** \square **No** \square If **Yes**, please provide a copy of the adoption order/letter of confirmation If the child has an allocated Social Worker, has the Virtual School been consulted about a change of school **Yes** \(\bigcap \) **No** \(\Bigcap \) If **No** send a copy of this application form to the Virtual School before applying. Does the child have an Education Health and Care Plan (EHCP) Yes □ No □ Is the child undergoing a statutory assessment for and EHCP Yes □ No □

Has the child:				
Ever been permanently excluded from school Yes \square No \square Ever received suspensions Yes \square No \square				
Attended a pupil referral unit (PRU/alternative provision) during the last 12 months $\ $ Yes $\ $ $\ $ $\ $ No $\ $				
Are there any other specialist services involved, e.g. a social worker/youth offending $\ $ Yes $\ $ $\ $ No $\ $				
If YES please provide details				
Is this application on the basis of faith Yes \square No \square If YES which faith Click or tap here to enter text. If you ticked Yes , please provide details of your Priest/Minister/Leader and explain the relationship on the appropriate 'Faith' Supplementary Information Form or a copy of a Baptism/Christening certificate.				
Are either parents/carers members of staff at the school being applied for $\mathbf{Yes} \ \square \ \mathbf{No} \ \square$				
Are either parent/carers service personnel who are being posted to Somerset Yes \square No \square Please ensure you provide proof of posting with this application.				
Will there be a sibling resident at the same at time the school place is required Yes □	address and on roll at the school you are applying for at the $ m No~\Box$			
Child's first name	Child's surname			
Date of birth	Gender			
place at a school. It may however enable the you be unable to secure a school place using Is/does the child - Have a Child in Need Plan/Child Protection In alternative provision/has been permand Have special educational need/disability/rull In formal kinship care arrangements (evice either birth parent or a special guardianship In Gypsy/Roma/Traveller/Refugee/Asylum second In education for at least 4 weeks due (aged under 8)/3 miles (aged 8 and over) (Notes that is a school of the control of the	n Plan or had one within the past 12 months			

Section 4 – Parent/carer details

Parent/carer full name	Title
Relationship to child	
Do you have legal Parental Responsibility for this child Yes D N	o 🗆
Contact telephone number	
Contact email address	
Address if different to child's	
I give consent for all correspondence to be sent to the email add	ress above Yes \bigcup No \bigcup
I confirm that I have parental responsibility for this child and accurate. I understand that any place offered on the basis of misleading information may be withdrawn. I consent to the inshared with appropriate agencies and understand that contact current/previous school for information which may include a need, attendance or exclusion data, their strengths or interest used to identify whether your child meets the criteria for confacess Protocol or to assist the new school with planning for that it is my responsibility as applicant to ensure that the Adricompleted application form safely If you are caring for someone else's child for more than 28 days a you may be Private Fostering and it is a legal requirement that you think you may be Private Fostering, please contact 0300 123 2224	fraudulent or intentionally information on this form being ct may be made with the child's my special educational or medical its. This information will either be sideration under the Somerset Fair your child's admission. I understand mission Authority receives the
Before signing ensure that you have read the Changing School completed, signed and dated please submit your application where required any additional information and evidence that may result in you're application being returned or cause a deprocessed.	to your preferred school, including will be required. Failure to do so
Signature	
Date	
For further information please contact schooladmissions@somers	set.gov.uk, or telephone 0300 123 2224

For Admission Authority and Local Authority use only	
Date received by school –	
Date sent to School admissions/core data (<u>coredatateam@somerset.gov.uk</u>) –	
Applicable oversubscription criterion –	
Other notes –	