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 POSTCODE		IS YOUR CHILD NEW TO THE UK? YES NO IF YES, PLEASE PROVIDE DATE ARRIVED	CURRENT YEAR GROUP RECEPTION YEAR 6 YEAR 1 YEAR 7 YEAR 2 YEAR 8 YEAR 3 YEAR 9 YEAR 4 YEAR 10 YEAR 5 YEAR 11					
Does your child have an Educational Health & Care Plan (EHCP)? YES NO 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 NO						
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). DOESYOURCHILD QUALIFY UNDERTHE ABOVE STATEMENT? YES NO IF YES, WHICH AUTHORITY IS/WAS THE CORPORATE PARENT? IF YES, PLEASE PROVIDE US WITH THE NAMES AND CONTACT DETAILS OF ANY PROFESSIONALS ASSOCIATED WITH THIS CHILD								
2. PARENT / GUARDIAN I	DETAILS							
TITLE FORENAME	SURNAME							
RELATIONSHIP TO CHILD	TELEPHONE NUMBER	EMAIL ADD	RESS					
LIST NAMES OF ALL WITH PARENTAL RESPONSIBILITY								
Same address as child? YES NO If no please provide full address here								

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3. REASON FOR APPLICATION							
Reason (tick appropriate box) Moving from outside of the UK (Local Authority Not moving Leaving Private Education Other - please state below (Country							
4. CURRENT & PREVIOUS SCHOOL	DETAILS						
CURRENT SCHOOL		LOCATION					
REASON FOR LEAVING			DATE LAST	ATTENDED OR STILL ATTENDING			
PREVIOUS SCHOOL		LOCATION					
REASON FOR LEAVING							
5. PARENT / GUARDIAN DECLAR	ATION						
When completing your Admissions Applica agreement by signing the form. I understa		ease read the followin	gcarefully	and confirm your			
 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 directly to the school you are applying for or email 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	NO					
ACCEPTED DATE		WAS THE CHILD ELIGIBLE?	YES	NO					
REFUSED DATE		HAVETHEY JOINED THE WAITING LIST?	YES	NO					
REASON FOR REFUSAL		Where no offer has been m sent a letter explaining w place and have they been	hy they have not	been offered a					
		NOTES							
WITHDRAWN DATE									
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)