

IN-YEAR APPLICATION FORM 2022/23

# If your child is Statemented or has an Education Health Care Plan, please DO NOT complete this form.

**Contact your Local Authority to request an in-year transfer.**

**Co-Principals: Mr Robin Street, Mr Simon McBride The UCL Academy, Adelaide Road, London, NW3 3AQ Telephone: 020 7449 3080**

**Email:** [**admissions@uclacademy.co.uk**](mailto:admissions@uclacademy.co.uk)[**www.uclacademy.co.uk**](http://www.uclacademy.co.uk/)

**Section 1:**

**Student Details**

Surname:

Forename:

Date of Birth:

Gender: Female

School Year Applying for:

Year 7

Male

Year 8 Year 9 Year 10 Year 11

Home Address:

Post Code: Borough of Residence

Is this your child’s permanent address: Yes No

Do you have any other children currently attending UCL Academy:

Please provide name/s Date of Birth/s

**Parent/Carer Details**

Parents/Carers Mr/Mrs/Ms/Miss/Dr

First Name Surname

Home Address

(If different from above)

Post Code: Relationship to student Home Telephone Mobile Email

## Section 2

**Previous Education**

If you have recently arrived from abroad, please provide your date of entry to the UK. Date: Country arrived from: Does your child currently attend a school: Yes No

Name of School: Address: From: To: Reason for leaving/seeking transfer:

**Please tick the appropriate box**

## Reason for applying

Why are you applying for an in-year transfer:

A change of address: Please confirm date of move:

My child does not have a school place My child was removed from a school roll

Issues or concerns at current school - Please give details below

## Social and Medical Needs

My child has been placed in care of Local Authority or was previously Looked After (Please provide a letter from a social worker confirm this information)

Does the child have any social/medical needs? If you are applying under this criterion, please provide evidence of this as state in our Admission Policy.

Medical professionals in relation to a medical condition

## Other Information

Has your child been permanently excluded or risked exclusion? Yes No Has your child previously been permanently excluded from a school? Yes No

If yes, please provide details of all previous temporary/permanent exclusions your child has experienced below

Does your child need support in English Language? Yes No

Is English your child’s second language? Yes No

My child’s permanent address

## Supporting Evidence

Proof of my child’s date of birth (passport / NHS medical card)

Proof that you currently reside at this address (a utility bill, such as council tax, gas or electricity and it must be dated within the last 3 months). **APPLICATION WILL NOT BE PROCESSED IF THIS DOCUMENT HAS NOT BEEN RECEIVED.**

I have read carefully the admissions criteria of the school

I have enclosed supporting evidence if I am applying on exceptional medical or social reasons I have enclosed supporting evidence that my child is a LAC (Looked After Child)

## Declaration

I understand that any false or deliberately misleading information on this form and/or supporting information may make this application invalid and could lead to the offer of a place being withdrawn

I certify that the information that I have given on this application form is correct

I authorise the school to check with any relevant body regarding this application

I understand that any false or deliberately misleading information on this form and/or supporting information may make this application invalid and could lead to the offer of a place being withdrawn

Signed: ………………………………………………………………………………………………………………………………………………………………

Date: …………………………………………………………………………………………………………………………………………………………………..

Print Name: ………………………………………………………………………………………………………………………………………………………