



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
www.uclacademy.co.uk**

Section 1: Student Details

Surname: _____

Forename: _____

Date of Birth: _____

Gender: Female ☐ Male ☐

School Year Applying for:

Year 7 ☐

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: _____

Reason for applying

Please tick the appropriate box

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 ☐

Supporting Evidence

☐

My child's permanent address

☐

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: