



## **IN-YEAR APPLICATION FORM 2020/21**

**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  
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[www.uclacademy.co.uk](http://www.uclacademy.co.uk)**

## Section 1:

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### 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

\_\_\_\_\_

\_\_\_\_\_

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### 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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## Section 2

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### 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: \_\_\_\_\_

\_\_\_\_\_

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### 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

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### 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

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Does your child need support in English Language? Yes  No

Is English your child's second language? Yes  No

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### 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)

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### 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: .....