

UCL ACADEMY – IN-YEAR ADMISSION APPLICATION

**ACADEMIC YEAR 2023-2024**

Please complete the form to apply for an In-Year admission place at UCL Academy.

# If your child is has an Education Health Care Plan (EHCP), please DO NOT complete this form.

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

**We can only accept applications from a person who is legally responsible for the child.**

**Important:** Before submitting this form ensure that you have the following documentation:

1. Proof of address: a most recent Council Tax bill; housing benefit letter, tenancy agreement or a mortgage/rental statement, a utility bill such as gas or electricity. This must be dated within the last three months.
2. Proof of your child’s date of birth, a passport, birth certificate or their NHS medical card.

**Section 1: Information about your child**

First Name:

Surname:

Date of Birth: Please attached proof of birth:

Gender: Female Male

Home address: Please attached proof of home address:

Post Code:

Year group applying for

**Previous Education**

Name of current or previous school:

Address :

Post Code:

Name of person at your child’s current/previous school to contact for information:

Email address

**Section 2: Reason for applying**

Why are you applying for an in-year transfer:

My child does not currently have a place in any school

A change of address: Please confirm date of move:

My child was removed from a school roll: Please give the reason

why:

So my child can join their brother/sister (siblings)

Child has been placed in local authority care or was previously

looked after

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 your child have any social/medical needs? If you are

 applying under this criterion, please provide evident of this as

 stated on our Admission Policy, from the following:

 Current School

 Local Community Workers

 Priests or Pastors

 Local MP’s

Social Professionals in relation to social circumstances

Medical professionals in relation to a medical condition

**Section 3: Parent/Carer Details**

Title: Mr/Mrs/Ms/Miss/Dr

First Name:

Surname

Home Address: .

Post Code:

Relationship to Child:

Home telephone Number:

Mobile:

Email:

**Section 4: Other Information**

Has your child had previous fixed term suspensions

Yes No

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

Has your child previously been permanently suspended from a school

Yes No

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

Does your child need support in English Language?

Yes No

Is English your child’s second language?

Yes No

Does your child have a history of attendance problems?

Yes No

If yes, please give details:

Does your child have any SEND needs not covered by an EHCP?

Yes No Currently being assessed

If yes, please give details about the level of need: This information will assist us with the transition

Does your child have a Child Protection Plan in place?

Yes No

If yes, please give details about the level of need: This information will assist us with the transition

Does your child have a Child in Need Plan in place?

Yes No

If yes, please give details about the level of need: This information will assist us with the transition

Does your child have a social worker?

Yes No

If yes, please provide the name, email address and telephone number of the social worker.

**Section 5: Supporting Evidence**

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

Please list below documentation you have attached in support of your application:

**Section 6: 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:

Print Name:

Date:

**PLEASE SUBMIT YOUR FORM TO: admissions@uclacademy.org**