

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:	<input type="text"/>
Surname	<input type="text"/>
Home Address:	<input type="text"/>
Post Code:	<input type="text"/>
Relationship to Child:	<input type="text"/>
Home telephone Number:	<input type="text"/>
Mobile:	<input type="text"/>
Email:	<input type="text"/>

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