

UCL ACADEMY – IN-YEAR ADMISSION APPLICATION

ACADEMIC YEAR 2024-2025

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:

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Post Code:

Year group applying for:

Previous Education

Name of current or previous school:

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Address:

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.....Post Code.....

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

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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:

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

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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:

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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:

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.....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:

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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:

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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:

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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

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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.

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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:

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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:.....