

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: ………………………………………………………………………………………………………………………...

………………………………………………………………………………………………………………………………………….

…………………………………………………………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:

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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: …………………………………………………………………………………….………….

………………………………………………………………………………………………………………………………….

……………………………………………………………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:…………………………………………………………………………………………………………………