

## Application for an Academy Place

Please complete all boxes, incomplete boxes or insufficient information may result in a delay processing your application.

<b>Name of Academy Applying for:</b>	
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<b>Forename(s)</b>		<b>Surname:</b>	
<b>Date of Birth:</b>		<b>Year Group:</b>	
		<b>Gender:</b>	M / F
<b>First/Home Language:</b>		<b>English Additional Language</b>	YES NO

<b>Name of Parent/Carer:</b>	
<b>Relationship to child:</b>	
<b>Home Address:</b>	
<b>Email Address:</b>	

<b>Contact Telephone numbers:</b>	
<b>Home:</b>	
<b>Work:</b>	
<b>Mobile:</b>	

<b>Do you have parental responsibility?</b>	YES	NO
<b>If no please state who does</b>		

<b>For Looked After Children:</b>	
<b>Please give Social Workers name and contact details</b>	
<b>Local Authority Responsible for child:</b>	



Current or Previous School Details:			
Name of School:			
Address:			
Phone Number:		Email Address:	
School Contact:			
Is your child still on roll at this school	YES	NO	
Is your child still attending this school	YES	NO	
If your child has attended a Medway school or Academy previously or has been withdrawn from school to be educated otherwise, for example, at home, please give details – name of school / Academy and dates attended:			

Reason for Change of School:

Have you met with present school to discuss any concerns? If so please give details:

Has this pupil ever attended any of the Trust Schools, if yes please give details and reasons for leaving

Please give details of the pupil's attendance for the last two academic years including any reasons for poor attendance

Please give details of any exclusions at any previous schools including reasons and duration.

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Please give details of any internal sanctions at previous schools including detentions, time in isolation

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Is the pupil Educational Health Care Plan or been agreed?

YES

NO

Evidence of this will be requested for the Admissions meeting

SEN Level and Need (please state)

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Does the pupil have support in class?

YES

NO

Please tick the relevant boxes to indicate any additional support provided by previous school/s:

Support	Currently	In the Past
Anger Management		
Counselling		
Peer Mentoring		
Modified Timetable		
Support Unit		
Literacy		
Numeracy		
Other		

Medical Needs / Medication

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Home / Family Information that may be relevant to the application i.e siblings who currently attend the Academy, circumstances that have contributed to decision to move school etc

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**Does your child attend any School clubs? if yes please give details**

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**Does your child participate in any out of school activities ie Sport, Scouts, Guides etc ? Please give details**

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**To ensure that you are able to access all the information that we provide during the admissions process:**

**Please tell us if you would like us to provide a translator, for the pre-admission meeting, and if so the language required.**

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**Would it be helpful for the forms to be available in a language other than English, if so please state which language you require.**

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We are committed to making our admissions process as easily accessible as possible, and will do our best to accommodate your requests.

<b>Signed (Parent / Carer):</b>	
<b>Print Name:</b>	
<b>Date:</b>	

Please attach a copy of the pupil's latest school report

Once completed please return with **proof of your address (e.g. Council Tax Bill)** to:

Mrs L Amphlett  
Allhallows Primary Academy  
Avery Way  
Allhallows  
Rochester Kent ME3 9HR

**Email:** [admissions@allhallowsprimaryacademy.org.uk](mailto:admissions@allhallowsprimaryacademy.org.uk)

**Tel:** 01634 270428