



## IN YEAR APPLICATION FORM 2018-2019

### THEDDLETHORPE ACADEMY

#### Section A: Pupil Details

<b>First Name (s)</b>							
<b>Surname</b>							
<b>Gender</b>	Male	Female					
<b>Date of birth</b>	/		/				
<b>Year Group</b>	FS2	Y1	Y2	Y3	Y4	Y5	Y6
<b>Home Address</b>							
<b>Post Code</b>							

<b>Is the child Looked After by the Local Authority</b>	Yes	No
<b>Does the child have a Statement of Special Educational Needs?</b>	*Yes	No

\* If your child has a Statement of Special Educational Needs you will need to contact SEND team at Lincolnshire County Council on Tel No 01522 553332 as they will need to consult with your preferred school before admission can be arranged.

#### Section B: Parents/Carers Details

<b>Title</b>	Mr	Mrs	Miss	Ms
<b>First Name (s)</b>				
<b>Surname</b>				
<b>Are you the child's</b>	Parent	Carer	Social Worker	
<b>Telephone Number</b>				
<b>Mobile Number:</b>				
<b>E-mail address</b>				
<b>Is there anyone who should not have access to, or information about the child?</b>	Yes	No		
<b>If Yes please specify who and for what reason</b>				

#### Section C: Current School Details

<b>Current School</b>	
<b>Address</b>	
<b>Telephone Number</b>	



**Section F: Requested School Details**

**Name of School:** Theddlethorpe Academy

Reasons you think are relevant:- (please tick)

**Catchment:**

**Sibling attends:**

Name of sibling: .....

DOB of sibling: ..... Year Group.....

**Distance:**

**Religion or Faith:** (please give details .....

**Other:** (please give details)

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**NOTES:**

- **Although you are asked to give reasons for applying for the Academy we can only apply the reasons if they are part of the published admission criteria.**

**If all of the relevant sections have not been completed or if information is incomplete, the form will be returned to you and this could delay your application. Therefore, please ensure you complete the form in as much detail as possible.**

**Section G: Declaration**

**I confirm that by signing this document, where more than one person shares parental responsibility for the child, I have consulted and agreed with that person on this application prior to submission.**

In addition I am aware that where parents/carers share equally parental responsibility for the child then only one address can be considered and this is the one nominated on this CAF (this will be verified by the local authority on behalf of all admission authorities. Note: Documentary evidence may be requested).

Name:

Signature:

Parent / Carer / Social Worker (Delete as appropriate)

Date:

**What do I do next?**

Unless you have signed Section E above you should give the whole form to your child's current school. They should complete page 4 of this form and then return it back to you. You should then send the whole form to:

**Admissions  
Tollbar Multi Academy Trust  
Station Road  
New Waltham  
Grimsby  
DN36 4RZ**

**IN YEAR COMMON APPLICATION FORM (CAF)  
PART TWO**

**This part should be forwarded to and completed by the child's current school and may be forwarded to the requested school once an admission has been agreed.**

**Current School Details**

Name of School:	
Contact Name	
<b>Student's UPN</b>	

Note: On Completion by the current school this form is to be returned to the Parent/Carer.

<b>Has the transfer request been discussed with the school?</b>	Yes	No
Name and designation of person with whom discussed:		
Signature:		
<b>Is the transfer due to a significant change of address?</b>	Yes	No
<b>Has the child been excluded on a fixed term basis? (If yes please give details)</b>		
Yes	No	
<b>Are they at risk of permanent exclusion?</b>		
Yes	No	
<b>Does the student exhibit behavioural concerns?</b>		
Yes	No	
<b>What is the Student's record of attendance in the previous 12 months? <i>Please attach a print out of attendance where possible</i></b>		
<b>Has there been EWO involvement?</b>		
Yes	No	
<b>Is there any further advice or information you feel would assist with the transfer request? (e.g. other agencies involved, any additional support required etc.)</b>		

	SCHOOL STAMP