Sefton A1 Admission Form
Application for In Year Admission to a Sefton School

Please read the In Year Admission Guidance Notes before completing this form. This form should only be completed by parents/carers who have moved house and will require a new school place for their child.

1. Child’s Details

Child’s First Name(s)  Child’s Surname/Last Name

Child’s Date of Birth  Current Year Group

Primary: Rec 1 2 3 4 5 6
Secondary: 7 8 9 10 11

Male  Female (please circle)

Current Address

This must be the address where the child normally lives. If parents share custody, please state this giving both addresses on a separate sheet of paper.

Previous Address

Date moved from previous address

2. Change of Address

Proof of your new address is required (please refer to the Guidance Notes)

Proposed New Address if not current address

Post Code

Date of proposed move to new address
3. Previous or most recent School

Name of child’s previous or most recent school

Address and Tel number of previous or most recent school

Is your child still attending this school?       Yes ☐       No ☐

If NO, please state his/her last day of attendance DD / MM / YYYY

(If you are moving from overseas, please attach the most recent school report/education information that you may have)

Is your child currently receiving Free School Meals?    Yes ☐                   No ☐

If you already receive your Free School Meals from Sefton LA, the meals will transfer to your new school.

If you have moved from another authority, you can provide your details below and we will process this application for FSM at the same time as your request for a school place.

Parent/Carer NI Number (for FSM application only)

Parent/Carer DOB (for FSM application only) DD / MM / YYYY

4. Reason for Application (please tick)

Date school place is required DD / MM / YYYY

☐ New arrival from another UK area (Please specify area)

☐ New arrival to Sefton from overseas. (Specify Country and child’s nationality)

☐ Tick if non EU Citizen (Specify Country)

☐ Permanent exclusion from

☐ Home Educated (please state date) Home Educated Since DD / MM / YYYY

☐ UK Service personnel deployment/ Crown assigned move

NB. Official MOD letter required

Please note if you are a new arrival in to Sefton from another country, we may request proof of the child’s date of birth to ensure they are admitted in to the correct chronological age group. A passport will suffice.
5. School Preferences

Please write the name of up to 3 schools and list them in the order you prefer. You can also give reasons for your preference, if you wish.

Does this child have any siblings of school age?  
Yes [ ]  No [ ]

If yes, name of sibling: ........................................................................................................................................

Sibling DOB: ........................................................................................................................................

Name of school sibling attending: ..................................................................................................................

**School Preferences:**  
if you have more than one choice please state in order of preference. You can also note why you want each preference if you wish.

I would like my child to attend: .........................................................................................................................

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<th>Reason for Preference</th>
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Have you already attended an appeal hearing for any school listed above?  
[ ] No  [ ] Yes (if yes, when ______________)

When would you like your child to start school? ........................................................................................................

6. Parent’s/Carer’s Details (please tick)

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<th></th>
<th>Mr</th>
<th>Mrs</th>
<th>Miss</th>
<th>Ms</th>
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First Name: .................................................................  Surname: .................................................................

Relationship to child (please tick)  
[ ] Mother  [ ] Father  [ ] Step Parent  [ ] Foster Parent  [ ] Social Worker  [ ] Other (Please specify)  

Contact Address: .................................................................................................................................

(only if different to child)  

Post Code: ........................................................................................................................................

If address is different you **must** provide proof of guardianship of the child and a further explanation is proof in the form of an official letter from Child Benefit or Child Tax Credit.

Day: .................................................................  Evening: .................................................................

Tel No: .................................................................  Tel No: .................................................................

Mobile: .................................................................  Email*: .................................................................

Tel No: .................................................................  Address: .................................................................

Please ensure contact details provided are working and up to date (please advise of any changes). **We will primarily use your e-mail address for correspondence to you – please ensure you provide a clear, working e-mail address if you have one.**
7. Children in Care or adopted from Care

Does a Local Authority have parental responsibility for this child? [ ] Yes [ ] No

If yes, please state which Local Authority and the contact details for the Social Worker responsible for the child.

Is your child previously looked after but now adopted from Care? [ ] Yes [ ] No

Is your child subject to a residential order or special guardianship order? [ ] Yes [ ] No

If yes, please give the name of their Social Worker:

8. Social/Medical and Special Educational Needs

Does your child have an Education, Heath and Care Plan (Statement)? [ ] Yes [ ] No

If yes we will forward your application to the SEN team.

Is there an exceptional medical/social need for your child to attend a particular school? [ ] Yes [ ] No

If yes, please attach a letter explaining why your child should attend a particular school.

9. Faith Information

Please state the child’s religion if you are applying for a faith school.

10. Fair Access Criteria – Please refer to notes attached

We would like to ensure that children without a school place are found a suitable school as quickly as possible. Please tick any box that applies to your child and provide written evidence (where appropriate) with your completed application form:

[ ] Has Special Educational Needs, disabilities or medical conditions.
[ ] Has been out of education for two months or more (or has more than 15% unauthorised absence)

[ ] Is being Electively Home Educated

[ ] Is homeless

[ ] Is a carer

[ ] Is a Gypsy, Roma or Traveller

[ ] Is a refugee/asylum seeker

[ ] Is returning from the criminal justice system, or attending a PRU

[ ] Has a history of fixed term exclusions (3 or more in the last 2 years)

[ ] Has a history of fixed term exclusions (3 or more in the last 2 years)
Has your child been permanently excluded from any school? 

- Yes 
- No

Has your child received additional individual support in the classroom? 

- Yes 
- No

### 11. Checklist

Before signing and returning this form, please ensure that you have:

- Read the enclosed Notes for Guidance
- Completed all relevant sections of this form
- Enclosed proof of your address if required (see *Notes for Guidance*)
- Provided a working e-mail address (Sefton’s primary way of communicating with applicants)
- Signed the declaration in part 13 to authorise the application to be processed
- Signed consent at part 14 (back page) if you agree to share information with a view to the Local Authority providing early help or support services for the child or family.

### 12. Data Protection

Sefton Council, Schools and Families maintain a database in respect of Education, which relates to the administration of pupils. All personal information provided on this form is treated in strict confidence in accordance with the requirements of the Act. We may verify information you have provided on this form by contacting other Council Departments who maintain appropriate records for Sefton residents. The data may be shared with other Local Authorities and the DfE, including appropriate agencies for the purpose of provision of services to your child. The application forms will be held for 2 years and then destroyed securely. The application information held within the Education database may be held for up to 7 years.

- I confirm that I have read the guidance notes and I understand the timescales and the information required that will confirm my new address
- I certify that I am the person with parental responsibility for the child named in Section 1.
- I wish to apply for a place at each of the schools named in Section 5.
- I declare that to the best of my knowledge and belief, the information I have given on this form is correct and up to date. I agree to notify Sefton Council of any changes to this information. I agree that details of my child can be shared with schools in order to secure a school place
- I understand that any false or deliberately misleading information on this form and/or supporting documents may render this application invalid, or lead to the offer of a school place being withdrawn.

### 13. Declaration and Signature of Parent/Carer

**Signature of Parent/Carer**

**Date**

**Print Name**

Please see further declaration on page 6 overleaf
14. Consent for Sefton Local Authority to share information contained within the application form in order to offer/provide support services to a child or a family.

Sefton Council provides many support services for children and families who may be experiencing difficulties at home, in the community or at school. There are sometimes circumstances identified within the information provided on this form which impacts on the child’s attendance at school. There can also be family issues identified where the child/family may benefit from an agreed early help plan or support from council services. Examples being, non-attendance or lateness at school, problems with transport to school, a family bereavement, a medical condition or a disability or community/social issues adversely impacting on the child or family.

By signing this declaration you agree that, where appropriate the council may share information contained within the application form with the relevant council support services with the view to contacting you to offer support or an Early Help Plan for the child/family

This specific consent for sharing this information with other Council support services is not compulsory and your application for admission to school will still be processed if you have signed the data protection and parental declaration within part 13.

Signature of Parent/Carer to agree to share information in order for Sefton Council to offer early help and support services where appropriate.

Please return the completed form by email to:

to: iyadmissions@sefton.gov.uk

or by post to:

Sefton Council, School Admissions Team, Town Hall, Bootle, L20 7AE