

Sefton A1 Admission Form - Checklist

N.B. YOUR APPLICATION MAY NOT BE PROCESSED IF THE A1 FORM IS INCOMPLETE OR WITHOUT THE APPROPRIATE EVIDENCE

Boxes 1- 5 must be checked. Your application will be marked as incomplete and MAY NOT be processed if your A1 form is incomplete or without appropriate evidence. **In completing this application, you understand that it is your responsibility, as the parent/carer, to provide the information requested.**

Before signing and returning the A1 form, please ensure that you have:

1.	<input type="checkbox"/>	Read the enclosed In Year Admissions Guide.
2.	<input type="checkbox"/>	Completed all sections of the A1 form.
3.	<input type="checkbox"/>	<p>Enclosed proof of your address:</p> <ul style="list-style-type: none"> • You must provide proof of your new address if you have <u>already</u> moved into Sefton from another authority, or moved to a new address within Sefton, or evidence of your proposed address if you are scheduled to move into or within Sefton, in the next 4 weeks. • The evidence of a house purchase (exchange of contracts/solicitor's letter) or long-term tenancy, and independent evidence which confirms you are, or will be, residing at your new address, <u>must be received by the Local Authority or we may not be able to process your application. We can accept this no sooner than 4 weeks prior to the expected moving date.</u> • You may also be asked to provide evidence of the disposal of your previous property. • If you are moving in with family members or friends, please clearly state this on your application form. We will require proof that the family are residing at the address stated e.g. copies of bank statements, driving licence, utility bills, council tax.
4.	<input type="checkbox"/>	Provided a working e-mail address (Sefton's primary way of communicating with applicants).
5.	<input type="checkbox"/>	Signed the declaration in part 11 (page 5) to authorise the application to be processed.
6.	<input type="checkbox"/>	OPTIONAL - signed the consent in part 12 (page 6) if you agree to share information with a view to the Local Authority providing Early Help or support services for the child or family (this is optional).



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Sefton In Year Admission Form - A1

Application for In Year admission to a Sefton School

Please read the In Year Admissions Guide (A1) before completing this form

This form should only be completed by parents/carers who require a place for their child at a **Sefton school** due to a house move

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

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

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

.....	
.....	Post Code
Date moved from previous address	<input type="text"/>
.....	

2. Moving home

Proof of your new address is required

(please refer to the checklist & the In Year Admissions Guide)

Proposed
new
address, if
not current
address

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

Date of proposed move to new address



3. Education background & Free School Meals

Name of child's current or most recently attended school

Full address of current or most recently attended school

Is your child still attending this school? Yes

No

If **NO**, please state his/her last day of attendance

DD / MM / YYYY

Is the child currently receiving Free School Meals (FSM)? Yes No

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

If you have moved from another Local Authority, please 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. Residency

Moved from another UK area
(Please specify area)

Moved within Sefton (Please specify which area moved from)

New arrival to Sefton from overseas
(Specify Country and **child's nationality**)

Is the child already in the UK at the time of completing this form? If not, please provide the date of the child's arrival into the UK

DD / MM / YYYY

If you are moving from overseas, please attach the most recent school report/education information that you may have, translated into English if necessary.

UK Service personnel deployment/
Crown assigned move

NB. Official MOD letter required

5. School Preferences

Please write the name of up to 3 **Sefton** schools, and list them in the order you prefer. You can also give reasons for your preference if you wish to do so. Do **NOT** list schools outside of Sefton – see In Year Admissions Guide for information about applying for schools outside the Sefton area.

Does this child have any siblings of school age?

Yes

No

If yes, name of sibling: Sibling DOB:

Name of school sibling is attending:

Sefton School Preferences:

If you have more than one choice please state in order of preference. You can also note the reason(s) for each preference if you wish.

I would like my child to attend:

Reason(s) for Preference:

1.
2.
3.

Have you already attended an appeal hearing for any school listed above? No Yes (if yes, when)

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

Date school place is required

DD / MM / YYYY

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

Mr Mrs Miss Ms Other (please specify)

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 i.e. proof in the form of an official letter from Child Benefit or Child Tax Credit.

Daytime
Tel No:

Mobile
Tel No:

Email Address*:

Please ensure that the contact details above are 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. Looked After Children / Social Care Involvement

Is the child Looked After by a Local Authority? (a child who is in public care) Yes No

Is the child subject to a Child in Need (CIN) or Child Protection Plan? Yes No

If yes, please give the name of the Local Authority & Social Worker contact details:

If applicable, what is the effective date of the CIN or CPP?

DD / MM / YYYY

Is the child previously looked after but now adopted from care? Yes No

Is the child subject to a Child Arrangements Order, formal Kinship Care Arrangement, or Special Guardianship Order? Yes No

(You may be asked to supply further evidence to support your application).

8. Social/Medical and Special Educational Needs

Does the child have an Education, Health and Care Plan (EHCP)?
If yes, please refer to the In Year Admissions Guide before submitting this application. Yes No

Does the child Special Educational Needs, disabilities, or a healthcare plan to manage a medical condition in school? Yes No

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

If **yes** to either question above please supply supporting evidence with your completed application.

9. Additional Information (Fair Access)

We would like to ensure that **unplaced** children are found a suitable school as quickly as possible. Please tick any box that applies to this child and provide supporting evidence (where appropriate) with your completed application form:

Is a Gypsy, Roma, Traveller or Refugee/Asylum Seeker

Is a carer

Permanently excluded
Date:

DD / MM / YYYY

Is homeless/living in a Refuge or other relevant accommodation

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

Currently Home Educated
Home educated since:

DD / MM / YYYY

10. Data Protection

Sefton Council maintains an electronic database in respect of all pupils who apply for a school place within Sefton. All personal information provided on this form is treated in strict confidence in accordance with the requirements of the Data Protection Act 2018. 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 the DfE, other Local Authorities and other appropriate agencies, for the purpose of the 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 electronic database may be held for up to 7 years.

- I certify that I am the person with parental responsibility for the child named in Section 1.
- I confirm that I have read the In Year Admissions Guide and I understand the timescales involved and the information that is required by the Local Authority to process this application.
- 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 about my child can be shared with schools in order to secure a school place.
- I understand that Sefton Council reserves the right to verify the information given on this form.
- 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.

11. Declaration and Signature of Parent/Carer

Signature of
Parent/Carer

Date

Print
Name

Please see further declaration below and on page 6

12. Consent for Sefton Local Authority to share information contained within this 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 11.



Signature of Parent/Carer to agree to share information in order for Sefton Council to offer Early Help or other support services where appropriate.

Please return the completed form by email to:

iyadmissions@sefton.gov.uk

or by post to:

Sefton Council, School Admissions Team, Magdalen House,
30 Trinity Road, Bootle, Liverpool, L20 3NJ

