**SHINFIELD INFANT AND NURSERY SCHOOL**

**IN YEAR ADMISSION APPLICATION FORM**

**Please ensure you have completed all sections and submit all supporting documentation as failure to do this could delay your application being processed.**

**Please take time to read our school prospectus and admissions arrangements that can be found on the schools website**

**SECTION 1 CHILD’S DETAILS**

|  |  |  |
| --- | --- | --- |
| **Child’s surname** | **Date of birth** | |
|  |  | |
| **Child’s forename(s)** | **Gender (Please circle)** | **Current Year Group** |
|  | **MALE / FEMALE** |  |

**SECTION 2 PARENT’S DETAILS**

|  |  |  |
| --- | --- | --- |
| **First parent/carer's name and title (living at same address as child)** | | **Relationship to child** |
|  | |  |
| **Does this person have parental responsibility for the child?** | | **YES NO** |
| **Home address** | | |
| **Postcode:** | | |
| **Which Local Authority do you pay your Council Tax to?** |  | |

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| **Contact telephone numbers (This number will be used by The Circle Trust if you need to be contacted)** |
|  |
| **Contact Email Address: (All correspondence will be sent to this email address)** |
|  |

|  |  |
| --- | --- |
| **Second parent/carer's name and title (living at same address as child)** | **Relationship to child** |
|  |  |
| **Does this person have parental responsibility for the child?** | **YES NO** |

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| --- | --- | --- |
| **Does your child currently live at the above address?** | **YES NO** | |
| If YES, since when? | | |
| Are you moving? | | **YES NO** |
| If YES, please give new address    Expected date of move? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

**SECTION 3 FURTHER INFORMATION**

|  |  |
| --- | --- |
| **Please indicate below by ticking the relevant boxes if any of the following are relevant to your child and this application and attach any relevant supporting documentation** | |
|  | Does your child have an Education, Health and Care Plan? |
|  | Is your child in the care of a Local Authority (Looked After Child)? Or has your child been previously looked after but ceased to be so because they were adopted? (Or became subject to a child arrangements order or special guardianship order) immediately following having been looked after.  If you answer YES to either of these questions, you must attach all relevant documentation with this application.  Please state the name of the Local Authority  ………………………………………………………………………………………………..……………………………………………………. |
|  | Is your child from a UK Service Personnel family?  If you answer YES please attach all relevant documentation |
|  | Has your child ever been permanently excluded from a school?  School ……………………………………………………………………………………………………………………………………………. |
| **Additionally, does your child fulfil any of the following?** | |
|  | Child from the criminal justice system or Pupil Referral Units who need to be reintegrated into mainstream education |
|  | Child who have been out of education for two months or more |
|  | Gypsy, Roma or Traveller child |
|  | Refugee and asylum seeker child |
|  | Homeless child |
|  | Children with unsupportive family backgrounds where a place has not been sought |
|  | Young carer |
|  | Children with special educational needs, disabilities or medical conditions (but without an Health and Care Plan) |
|  | Application being made on the grounds of serious medical or social need |
| **If you have ticked any of the above questions you must attach all relevant supporting information.**  **It may be necessary to forward your application to the Fair Access Panel.** | |

**SECTION 4 REASON FOR CHOOSING SHINFIELD INFANT AND NURSERY SCHOOL**

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| --- | --- | --- |
| **It is in your child's best interest for you to visit this school before submitting your application** | | |
| **Please give details of any other children living at the main address already attending Shinfield schools** | | |
| **Full Name** | **Date of birth** | **Please state Infant or Junior school** |
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**SECTION 6 SCHOOL HISTORY**

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| --- | --- | --- | --- |
| **PLEASE LIST ALL THE SCHOOLS YOUR CHILD HAS ATTENDED** | | | |
| **FROM** | **TO** | **NAME OF SCHOOL** | **LOCAL AUTHORITY** |
|  |  |  |  |
|  |  |  |  |

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| --- |
| **CURRENT OR LAST ATTENDED SCHOOL** |
| **Name of School** |
| **Address** |
| **Telephone number** |
| **Date last attended** |
| **Headteacher signature**  **Comments:** |

**SECTION 7 DECLARATIONS**

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| **I understand that the information contained in this form is subject to GDPR *(General Data Protection Regulation)* and my personal data may be exchanged with other Local Authorities, Admissions Authorities, Schools and Government Agencies where necessary.**  **I understand that any offer of a school place will be based on the information I provide being accurate and correct and that the Admissions Authority reserve the right to withdraw any school place offered if I give false or misleading information.**  **I certify that I have parental responsibility for the child named on this form and that the information I have given is correct.**  **I have read and understood the admissions arrangements and have completed and submitted any additional forms which may be required.**  **I understand if I am applying for a school place under the designated area criteria I will be required to supply proof of my address to The Circle Trust to verify my home address. It is my responsibility to satisfy The Circle Trust that I live at the address that is stated on the form.** |

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| --- |
| Signature of Parent/ Carer Date |

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| **The fully completed form must be returned to the following address:**  Please provide evidence of your address in the form of a copy of a council tax bill, letter showing exchange/completion if you are moving to a new property or tenancy agreement on a rented property.  You can either provide a copy of your child’s birth certificate or passport when you submit your application or it must be provided once the offer of a place has been made  **Scan and email to:**  admissions@thecircletrust.co.uk  **Or post to:**  Data and Admissions Manager,  c/o The Circle Trust,  St Crispin’s School,  London Road,  Wokingham,  RG40 1SS. |