**SHINFIELD INFANT AND NURSERY SCHOOL**

**IN YEAR ADMISSION APPLICATION FORM**

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

Please take the time to read our school prospectus and admissions arrangements that can be found on the school’s website.

**(PLEASE USE BLOCK CAPITALS)**

**SECTION 1 CHILD’S DETAILS**

|  |  |  |
| --- | --- | --- |
| **Child’s surname** | **Date of birth (DD/MM/YYYY)** | |
|  |  | |
| **Child’s forename(s)** | **Gender**  **(please circle)** | **Current Year Group** |
|  | **Male / Female** |  |
| **Is the child currently habitually resident in the UK** | | |
| **Yes No** | **If no, please give a date the child will be habitually resident in the UK:**  **Date:** | |
| **Home address (including postcode)** | **Does the child currently live at this address?** | |
|  | **Yes No** | |

**SECTION 2 PARENT’S DETAILS**

|  |  |
| --- | --- |
| **Parent/carer’s name and title** | **Relationship to child** |
|  |  |
| **Do you have parental responsibility for the child?** | **Do you live at the same address as the child?** |
| **Yes No** | **Yes No** |

**SECTION 2 PARENT’S DETAILS (Cont.)**

|  |  |
| --- | --- |
| **If NO, what is your home address?** | |
| **Postcode:** | |
| **Which Local Authority do you pay your Council Tax to?** |  |
| **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) |
| **Home number:**  **Mobile number:** |  |

**SECTION 3 REASONS FOR APPLYING**

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| --- | --- |
| ***It is in your child’s best interest, where possible, for you to visit the school before submitting your application*** | |
| **Is there a sibling already attending either Shinfield Infant and Nursery School or Shinfield St. Mary’s Junior School?** | **Yes No** |
| **If yes, please provide the siblings full name and date of birth** | |
| **Are any of the parents/carers living with the child a member of staff at this school?**  **Yes No** | |
| **Other reason/s:** | |

**SECTION 4 SCHOOL HISTORY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Please list all schools your child has attended** | | | |
| **School’s Name** | **Local Authority** | **Date Started** | **Date Left** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Current or last attended school** | | | |
| **School’s Name:** | | | |
| **Address:** | | | |
| **Phone number:** | | | |
| **Date started:** | | **Date last attended:** | |

**SECTION 5 FURTHER INFORMATION**

|  |  |  |
| --- | --- | --- |
| ***Please tick any of the boxes that are relevant to your child’s application and ensure any supporting documentation is submitted along with your completed application*** | | |
|  | Does your child have an Education, Health and Care Plan? (This would have been issued by the Special Education Needs Department within your Local Authority) | |
|  | 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 arrangement 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.***  Name of Local Authority:  Name of Social Worker: | |
|  | Does your child appear to have been in state care outside of England and ceased to be in state care as a result of being adopted? | |
|  | Is your child from a UK Service Personnel family? | If yes, please attach all relevant documents |
|  | Has your child ever been permanently excluded from a school? | If yes, please provide school name(s) |

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| ***Additionally, does your child fulfil any of the following:***  Please note, if any of the below applies to your application, you must attach all relevant supporting documents/information.  It may be necessary to forward your application to the Fair Access Panel for consideration. | |
|  | Children from criminal justice system or Pupil Referral Units who need to be reintegrated into mainstream education |
|  | Children who have been out of education for two months or more |
|  | Gypsy, Roma or Traveller children |
|  | Refugee and asylum seeker children |
|  | Children with unsupportive family backgrounds where a place has not been sought |
|  | Young carers |
|  | Homeless children |
|  | Children with special educational needs, disabilities or medical conditions (but without an Education, Health and Care Plan) |
|  | Application being made on the grounds of serious medical or social need |

**SECTION 6 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 the relevant 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 proved 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.**  **For overseas nationals entering the UK ONLY:**  **Overseas nationals must confirm that they have a right of abode or that the conditions of their immigration status otherwise permit them to access a state-funded school.**  **By submitting this form, you are agreeing that you, as the responsible parent/carer for the child named on this form, have checked that your child’s visa complies with the above.** |
| **Signature of Parent/Carer:** |
| **Date:** |

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| --- |
| **The fully completed form must be returned to The Circle Trust.**  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](mailto:admissions@thecircletrust.co.uk)  **Or post to:**  Data and Admissions Manager.  The Circle Trust  c/o St. Crispin’s School  London Road  Wokingham  RG40 1SS |