

# SCHOOL APPLICATION FOR CHILDREN IN RECEPTION TO YEAR 11 AT PRIMARY SCHOOLS AND ACADEMIES MAINTAINED BY MANCHESTER CITY COUNCIL

**i** SECTION D MUST BE COMPLETED BY YOUR CHILD'S CURRENT SCHOOL/ACADEMY. ANY INCOMPLETE FORMS WILL BE RETURNED TO THE PARENT/CARER.

IF YOU ARE NEW TO THE UK PLEASE COMPLETE SECTIONS A, B AND C ONLY. YOU WILL NEED TO PROVIDE A FORM OF IDENTIFICATION TO CLARIFY YOUR CHILD'S DATE OF BIRTH, EG. A PHOTOCOPY OF A BIRTH CERTIFICATE/HOME OFFICE ID CARD.

PLEASE READ THE ENCLOSED NOTES OF GUIDANCE BEFORE YOU COMPLETE THIS FORM.  
PLEASE COMPLETE THIS FORM USING BLOCK CAPITALS.

## SECTION A. CHILD DETAILS

CHILD'S SURNAME:		CHILD'S FORENAME:		DATE OF BIRTH:				
				DD	MM	YYYY		
CIRCLE AS APPROPRIATE		CIRCLE AS APPROPRIATE		CIRCLE AS APPROPRIATE				
GENDER:	MALE	FEMALE	IS THE CHILD NEW TO THE UK?	YES	NO	BAPTISED CATHOLIC:	YES	NO

<b>HOME ADDRESS: THIS MUST BE THE CHILD'S NORMAL PLACE OF RESIDENCE</b>
<b>POST CODE:</b>

## SECTION B. SCHOOL/ACADEMY DETAILS

FULL NAME OF PRESENT SCHOOL/ACADEMY (IF NO LONGER ATTENDING PLEASE STATE LAST SCHOOL):			
LAST DATE ATTENDED:			
NAME OF REQUESTED SCHOOL/ACADEMY: <i>YOU CAN APPLY FOR MORE THAN ONE SCHOOL/ACADEMY</i>			
REASON FOR REQUESTING A NEW SCHOOL/ACADEMY (CONTINUE ON A SEPARATE SHEET IF NECESSARY)			
<b>DO YOU HAVE ANOTHER CHILD ALREADY ATTENDING THE PREFERRED SCHOOL/ACADEMY? IF YES, PLEASE ENTER THEIR DETAILS BELOW.</b>			
SURNAME:	FORENAME:	DATE OF BIRTH:	SCHOOL/ACADEMY:
RELATIONSHIP TO APPLICANT:			

## SECTION C. PARENT/CARER DETAILS

PARENT/CARER SURNAME:	PARENT/CARER FORENAME:	RELATIONSHIP TO CHILD
EMAIL ADDRESS:	HOME TELEPHONE NUMBER:	MOBILE TELEPHONE NUMBER:

PLEASE INFORM US IF ANY OTHER AGENCIES ARE INVOLVED WITH THE CHILD, E.G. SOCIAL SERVICES, EDUCATIONAL PSYCHOLOGISTS, YOUTH OFFENDING TEAM, ETC. CONTINUE ON A SEPARATE SHEET IF NECESSARY

AGENCY:	NAMED CONTACT:	CONTACT TELEPHONE NUMBER:

I DECLARE THAT ALL THE INFORMATION I HAVE PROVIDED IS TRUE. I UNDERSTAND THAT ANY SCHOOL PLACE OFFERED ON THE BASIS OF FRAUDULENT OR INTENTIONALLY MISLEADING INFORMATION MAY BE WITHDRAWN. I CONSENT TO THE INFORMATION GIVEN ON THIS FORM BEING SHARED WITH APPROPRIATE AGENCIES.

SIGNED:		DATE:	
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## SECTION D. CURRENT SCHOOL/ACADEMY INFORMATION (LEAVE BLANK IF THE CHILD IS NEW TO THE UK)

TO BE DISCUSSED WITH AND COMPLETED BY THE HEADTEACHER/PRINCIPAL OF THE CURRENT SCHOOL/ACADEMY. IF QUESTIONS 2-11 ARE ANSWERED YES, THE HEADTEACHER SHOULD ATTACH FURTHER INFORMATION WITH APPROPRIATE NAMED CONTACTS. REFER TO THE HEADTEACHER NOTES FOR GUIDANCE.

1. HOW LONG HAS THE PUPIL ATTENDED YOUR SCHOOL/ACADEMY?		
IF LESS THAN 12 MONTHS, PLEASE GIVE DETAILS OF PREVIOUS SCHOOL/ACADEMY		
2. IS THE PUPIL A LOOKED AFTER CHILD/IN PUBLIC CARE?	YES	NO
3. DOES THE PUPIL HAVE A STATEMENT OF SPECIAL EDUCATIONAL NEEDS?	YES	NO
4. DOES THE PUPIL HAVE A CURRENT PASTORAL SUPPORT PLAN IN PLACE, PARENTING CONTRACT OR ORDER FOR BEHAVIOUR OR ATTENDANCE?	YES	NO
5. IS THE PUPIL SUBJECT TO A CHILD PROTECTION PLAN?	YES	NO
6. DOES THE PUPIL HAVE A COMMON ASSESSMENT FRAMEWORK (CAF) IN PLACE?	YES	NO
7. HAS THE PUPIL BEEN PERMANENTLY EXCLUDED FROM TWO OR MORE SCHOOLS?	YES	NO
8. HAS THE PUPIL ATTENDED A PUPIL REFERRAL UNIT (PRU) DURING THE LAST 12 MONTHS?	YES	NO
9. HAS THE PUPIL RESIDED WITHIN A LOCAL AUTHORITY SECURE CHILDREN'S UNIT WITHIN THE LAST 6 MONTHS?	YES	NO
10. HAS THE PUPIL RECEIVED ANY FIXED TERM EXCLUSIONS IN THE PAST 12 MONTHS?	YES	NO
11. DO YOU SUPPORT THE PARENT'S REQUEST TO TRANSFER THEIR CHILD?	YES	NO

HEADTEACHER / NOMINATED REPRESENTATIVE SIGNATURE:	POSITION:	SCHOOL/ACADEMY STAMP:
PRINT NAME:	DATE:	

PLEASE RETURN THE COMPLETED FORM TO:

INTEGRATED ADMISSIONS, MANCHESTER CITY COUNCIL, P.O. BOX 532, TOWN HALL, MANCHESTER, M60 2LA