



## Cockernhoe Endowed C of E Primary School In Year Admissions

- SIFs and any additional supporting documentation should be returned direct to the school.
- Please complete this form using black ink and CAPITAL LETTERS.
- **You must include two recent forms of proof of address.** One must be a council tax bill, utility bill, solicitor's letter showing completion date or a signed tenancy agreement. Please do not send originals. **We cannot process an application without evidence of your address.**
- You must also submit Part A, to be completed by the child's current school.

### Section 1: Reason for your application

Please tick box

- |  |                          |
|--|--------------------------|
| 1. Moving into Hertfordshire                   | <input type="checkbox"/> |
| 2. Moving to another area within Hertfordshire | <input type="checkbox"/> |
| 3. Not moving but wanting a new school         | <input type="checkbox"/> |
| 4. Living outside Hertfordshire                | <input type="checkbox"/> |

### Section 2: Child's details:

**Date place is required: \***

*\* Places are offered on the basis that they will be taken up within 10 school days. Please do not apply more than 4 weeks in advance of the date you require a place.*

#### Child's details:

First name	Middle name(s)	Family name/Surname
Date of Birth	Current Year Group	Female / Male

#### Child's current address and postcode

Current address

*We check addresses and we will withdraw our offer of a place if you give a false address.*

Postcode

You must provide this, so we can assess your application correctly.

#### Child's new address and postcode

**If you are moving house, please provide the new address below:**

New address

Date of move \*

Postcode

\* Please ensure you enclose proof of your new address including the move date. This can be either a solicitor's letter confirming completion or a copy of the formal lease agreement. If you are moving to a rental property, please provide evidence that you have sold or are in the process of selling your previous property, or that a previous lease agreement has ended. We will not be able to take into account a new address without proof as referred to above.

### Section 3: Additional Child Details

<b>Does the child have a sibling at Cockernhoe School? *</b> If yes, please give details below:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:	Date of Birth:
	Male / Female:

\* Sibling is the sister, brother, half brother or sister, adopted brother or sister, child of the parent/carer or partner or a child looked after or previously looked after and in every case living permanently in a placement within the home as part of the family household.

<b>Does the child have a statement of special educational needs (SEN)? *</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
--	--

\* A statement of SEN is a document written by the local authority detailing the child's needs and the measures the school will take to help them. The SEN team manage admissions for children with a statement and your application will be passed to them.

<b>Is the child you are making an application for in public care (looked after)?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please indicate which local authority and include a supporting letter from the child's social worker and/or advisory teacher.	

<b>Was the child previously looked after but was then adopted or became subject to a child arrangements order or special guardianship order?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide supporting evidence including a copy of the adoption order if applicable.	

<b>Child's current school</b> (please note we <b>will</b> contact this school when we process your application)	
School Name	School Address
Date last attended (if your child has left):	

## Section 4: Your Details

<b>Name of person making the application</b> This should usually be a parent.	<b>Title</b>	<b>Initial</b>	<b>Family Name</b>
<b>Address</b> If different to that given above			
<b>Daytime telephone number</b>			
<b>Email address</b> We will use this to contact you where possible			
<b>Your relationship to the child</b>			
<b>Is the child living with you under a private fostering arrangement?</b> This is where the child lives with an adult who is not a close relative i.e. not a parent, grandparent, sibling, aunt or uncle.	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Do you have parental responsibility?</b> If no, please provide evidence of permission from the person(s) with parental responsibility confirming they are in agreement with the application.	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Does another person(s) also have parental responsibility ? *</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>If yes, have they given agreement to the application being made?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<p>* For births registered in England and Wales, parental responsibility is automatically given to the child's mother from birth. A child's father will have parental responsibility if:</p> <ul style="list-style-type: none"><li>• He was married to the child's mother when the child is born (even if later divorced or separated).</li><li>• The child was born after December 1<sup>st</sup> 2003, and he is named on the birth certificate.</li><li>• If a parental responsibility agreement is obtained from a court or by agreement with the mother.</li></ul> <p><b>Please provide a copy of any appropriate court orders or residence orders with this application.</b></p>			

## Section 5: Additional Information

This information is used to consider whether the child's application should be dealt with as part of the Fair Access Protocol. It will help to ensure the child has the best start at their new school and any support required can be put in place. The information you give in this section will not be used in the allocation process and the child will not be disadvantaged by the information you provide.

<b>Has the child recently arrived in the UK or currently lives outside the UK?</b> If yes, please provide proof of the child's arrival in the UK. Your application cannot be processed without this evidence.		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>What is the child's first language spoken at home?</b>		
<b>Have any of the following services been involved with the child currently or previously?</b>		
Integration Team <input type="checkbox"/>	Education Support Centre <input type="checkbox"/>	
Educational Psychologist <input type="checkbox"/>	Attendance Improvement Officer <input type="checkbox"/>	
Social Worker <input type="checkbox"/>	Child and Adolescent Mental Health Service <input type="checkbox"/>	
Other (please give details)		
<b>Is the child attending school regularly?</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, please give details:		
<b>Has the child been excluded from their current or previous schools - either fixed period (temporary) or permanent exclusions?</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide the date(s), reason(s) and the name of the school(s)		
<b>Have you discussed your reasons for wanting to move school with the child's current school?</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Have you asked the child's current school to complete Part A?</b> Part A is used to help us process the child's application and their move to a new school. Please include the completed and signed Part A with your application form or ask the school to send it to us directly.		Yes <input type="checkbox"/> No <input type="checkbox"/> Being sent direct <input type="checkbox"/>
<b>Why do you want the child to move school?</b> Please give as much information as possible to support your request, using a separate sheet if necessary.		

## PART A

### IN YEAR ADMISSIONS ADDITIONAL INFORMATION

This part of the application should be completed by an appropriate member of staff from the child's current school, for example Class Teacher or Head Teacher. Please return it with the application form or ask the school to send it directly to **admin@cockernhoe.herts.sch.uk**

First Name(s): \_\_\_\_\_ Last Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Year Group: \_\_\_\_\_ School Name: \_\_\_\_\_

#### Attendance Information

	Authorised Absences		Unauthorised Absences	
	Number	%	Number	%
Current Academic Year				
Previous Academic Year				
<b>Punctuality</b>	Good / Average / Poor		AIO Involved? Yes <input type="checkbox"/> No <input type="checkbox"/>	

#### Attainment Information

Early Years Base Line	KS1		KS2		KS3
End of KS1 phonics screening score:		Reading age:		Spelling age:	
		Current reading age:		Current spelling age:	

#### About the child

Does this child qualify for Free School Meals? Yes  No

Is this child on the SEN Register? Yes  No

If on the SEN Register, please specify School Action/School Action+/Statement/Exceptional Needs Funding:

If on the SEN Register, what are the main presenting needs?

Has the child had a Pastoral Support Plan? Yes  No

***If yes, please enclose with this form.***

Have any of the following agencies been involved with this child?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Pupil Referral Unit /<br>Education Support Centre | <input type="checkbox"/> IEP                               | <input type="checkbox"/> Educational Psychologist      |
| <input type="checkbox"/> School Inclusion Centre                           | <input type="checkbox"/> ADD-Vance                         | <input type="checkbox"/> Integration Team              |
| <input type="checkbox"/> CAMHS   | <input type="checkbox"/> Family Worker                     | <input type="checkbox"/> Refugee and Traveller<br>Team |
| <input type="checkbox"/> PSP   | <input type="checkbox"/> Attendance Improvement<br>Officer | <input type="checkbox"/> Children Looked After         |
| <input type="checkbox"/> TYS   | <input type="checkbox"/> School Nurse                      | <input type="checkbox"/> Child Protection              |
| <input type="checkbox"/> Youth Connexions                                  | <input type="checkbox"/> Respite                           | <input type="checkbox"/> IBP                           |
| <input type="checkbox"/> CAF   | <input type="checkbox"/> Counselling                       | <input type="checkbox"/> Risk Assessment (RAMP)        |
| <input type="checkbox"/> TAC   | <input type="checkbox"/> TA/LSA Support                    | <input type="checkbox"/> Parent Partnership            |
| <input type="checkbox"/> Social Worker                                     | <input type="checkbox"/> Social Care                       | <input type="checkbox"/> Thriving Families             |

Please provide details of any Fixed Term Exclusions (if applicable) below:

Start Date	Number of Days	Reason

**Please comment on the following:**

Any significant medical issues

Relationships with staff and other pupils

Family background issues and home school relationships

Behaviour

Any further comments which may be useful when trying to place this pupil into educational provision, (including positive comments)

Name \_\_\_\_\_ Signature \_\_\_\_\_

Position \_\_\_\_\_ Date \_\_\_\_\_

## Section 6: Parental Declaration

If you deliberately give false information, we may withdraw the offer of a school place.

- All of the information I have given on this form is correct and up to date.
- I have read and understand the Guidance book for parents.
- I understand that you will inform the child's current school of this application and will share the information in this application with the schools listed on this form and, if different, the allocated school.
- I understand the child must be able to take up the allocated school place immediately and that the place may be withdrawn if not accepted within 10 school days.
- I confirm I have parental responsibility for this child and/or the agreement of all persons with parental responsibility.

I enclose:

- Supporting evidence relating to the application, including proof of arrival if applicable.
- Proof of address - we cannot process the application form without this.
- Part A (completed by the child's current school)

Your full name \_\_\_\_\_

Your signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return this application form to:**

Cockernhoe School  
Cockernhoe Green  
Cockernhoe  
Luton  
LU2 8PY

Or by email to: [admin@cockernhoe.herts.sch.uk](mailto:admin@cockernhoe.herts.sch.uk)

**It is very important that you include all necessary documentation, including proof of address, with your application in order to avoid any delays.**