

APPLICATION FOR IN-YEAR ADMISSION TO TDA

Guidance for completion

This application form has two parts:

Part A should be completed by the parent/guardian of the child.

Part B should be completed by the Headteacher or senior member of staff at the child's current or most recent school in the UK.

Both Part A and Part B should be submitted together to 'Admissions' at TDA. Please ensure that the form is fully completed. An incomplete application will delay your child's admission to school.

PART A: TO BE COMPLETED BY THE PARENT/CARER

SECTION 1

Child's Forename:	Child's Surname:
Child's Date of Birth:	Gender: MALE / FEMALE
Address:	
Postcode:	Home Telephone No:

SECTION 2

Parent's Name:		
Address (if Different to the child's):		
Post Code:		
Daytime Telephone No:		
Mobile Telephone No:		
Email Address:		
Relationship to child:		
Do you have Parental responsibility for the child?	YES*	NO*
Are you UK Service Personnel?	YES*	NO*

*delete as appropriate

SECTION 3

Name of Current School:		
Is the child still attending the school?	YES*	NO*
Does the child have a statement of Educational Needs/EHC Plan ?	YES*	NO*
Is the child currently or previously in public care of a local Authority?	YES*	NO*
If Yes, Please state the name of the Authority:		
Name of Social Worker:		
Telephone No:		
Does the child named above have a sibling already at TDA? **	YES*	NO*
If Yes, Sibling's Name:	House:	

**Please note: a sibling is a brother or sister and does not include other relatives

Please note: We cannot 'hold' places for pupils. A child will normally be expected to start school as soon as a place becomes available.

SECTION 4

FAIR ACCESS ADMISSIONS:

The Local Authority must ensure that children without a school place, vulnerable children and challenging pupils are found a school quickly. In order to establish the most appropriate placement for each child, we need to ask the following additional questions of all applicants.

Has the child ever been permanently excluded from school?	YES*	NO*
Has the child had any fixed term exclusions?	YES*	NO*
Does the child have a disability or medical condition which has impacted on their attendance or participation at school?	YES*	NO*
Is the child subject to a child protection plan or a child in need plan?	YES*	NO*
Is the child returning from criminal justice system?	YES*	NO*
Is the child a refugee or asylum seeker?	YES*	NO*
Is the child a Gypsy, Roma, Traveller?	YES*	NO*
Have you withdrawn the child from school?	YES*	NO*
If Yes, Please specify the reason from those given:	Threat of exclusion	
	House Move	
	Withdrawal by Parent	
	Elected Home Education	
Does the child speak English?	YES*	NO*
If No, what language does the child speak		

SECTION 5

If the child is already in a Peterborough school, please tell us your reasons for requesting a school transfer. If this is due to problems at the child’s current school, we would expect you to have tried to resolve these difficulties. Continue on a separate sheet if necessary.

Please note that the child must continue attending their present school until your application is processed.

For transfer to Year 10 or Year 11, please be aware that your child’s course options may not be available at TDA. Be aware that changing school at this late stage may negatively impact the child’s academic achievement. Think very carefully before requesting a move.

Reason for request for move of school:		
Have you discussed your reasons for wanting to move the child to a different school with your child’s current school?	YES*	NO*
If Yes, who have you talked to at the child’s present school?	Name:	
	Role: Head Teacher/Principal	
	Deputy Head Teacher	
	Head of Year	
	Form Tutor/Class Teacher	
	Other:	

DECLARATION

I certify that I am the parent/carer with parental responsibility for the applicant child named in Section 1 above and that the child and I are currently resident at the application address.

I certify that the information I have given is true and complete and that any false or misleading information given on this application may render this application invalid or lead to the offer of a place being withdrawn even if my child has started school.

I understand that my application may be referred through the Fair Access Protocol and agree for the information provided on this form to be shared with the relevant panel, prospective schools and appropriate officers in children’s services as part of the admissions procedures.

Signature of Parent / Carer.....

Date.....

Your completed application must be returned to: Admissions Team, Thomas Deacon Academy, Queen’s Gardens, Peterborough, PE1 2UW

PART B: TO BE COMPLETED BY THE HEADTEACHER OF THE CHILD'S CURRENT OR MOST RECENT SCHOOL IN THE UK

This information is required to establish whether the child's application should be considered in accordance with Peterborough's Fair Access Protocol and/or to provide the allocated school with early notice of the possible need for a support package for the child.

SECTION 1

Child's Forename:		Child's Surname:	
Child's Date of Birth:			
Is the child still on roll at your school?	YES*	NO*	
What date was the child put on roll at your school?			
Date of Leaving (if Applicable)			
Attendance rate:	Current Academic Year		
	Previous Academic Year		
Does the child require SEN Support?	YES*	NO*	
Does the child have a Statement/EHC plan?	YES*	NO*	
Please give details of any exclusions relating to this child, including dates and reasons			
Dates	Length	Reason	
Has a 'managed move' been arranged for this child in the last 12 months?	YES*	NO*	
If yes, please give details of the situation that led to the offer of a managed move, the date of the offer and if applicable why you refused this offer:			

SECTION 2

RESULTS AT KEY STAGE 2

MATHS	SCIENCE	ENGLISH

RESULTS AT KEY STAGE 3

MATHS	SCIENCE	ENGLISH

Add any other comment you wish to make about the child's progress

SECTION 3

Have you had any cause to liaise with any other professionals/education specialists regarding this child?	YES*	NO*
If Yes, please indicate the services involved and the reasons		
Has a CAF been carried out or is one being considered?	YES*	NO*
If Yes, please state reasons for requesting the CAF:		
Are there any possible grounds for considering that this child should be transferred using the Fair Access Protocol?	YES*	NO*
If Yes, please give details:		
What strategies have you put in place to support the pupil in your school?		
Has the transfer been discussed with the school?	YES*	NO*
Do you support the transfer application?	YES*	NO*
In considering the application for a school place, do you have any other comments to make to enable us to make a decision relating to the placement/level of support required?		

Name of person completing the form.....

Position within the school.....

Signature of Headteacher

Date:

School Stamp