

## IN YEAR APPLICATION FORM

Section A: Pupil Details								
First Name (s)								
Surname								
Gender								
Date of birth	/	1						
Year Group	Y7 🗌	Y8 🗌	Y9 🗌 Y10 🗆		Y10 🗌	Y11 🗌		
Home Address								
Post Code								
Is the child Looked After (in public care)  Yes No								
Is the child previously Looked After (previously in public Care)  Yes No								
Does the child have an Education Health and Care Plan (EHCP)  Yes No								
Section B: Parents/Carers Details								
Title	Mr 🗌	Mrs	] Miss [		Ms 🗌			
First Name (s)								
Surname								
Are you the child's	Parent		Carer S		ocial Worker			
Telephone Number								
Mobile Number:								
E-mail address								
Is there anyone who should not have access to, or information about the child?								
If Yes please specify who and for what reason								
Section C: Current School Details or Last School Attended								
Current School								
Address								
Telephone Number								
Last date attended (if	left)							

Section D. Bessen for Admission/Transfer						
Section D: Reason for Admission/Transfer  Reason for admission / transfer request (If you have moved house please give the old and new address and date						
of moving. Please note we may request some evidence of the move)						
Section E: Other Information						
If you are requesting a transfer due to a change of address or for any other reason, have you informed your child's current school?  Yes \sum No \sum						
If you do not wish to discuss the transfer with your child's current school, please advise the reason for this below and sign. Please note that it may be necessary to contact your child's previous school for information with						
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Section F: Requested School Details						
Name of Academy						
Reasons you think are relevant:- (please circle)						
Catchment:						
Sibling attends:						
Name of sibling:						
DOB of siblingYear Group						
Distance:						
Religion or Faith: (please give details)						
Other: (please give details)						
•						
NOTES:						
<ul> <li>Although you are asked to give reasons for applying for the Academy we can only apply the reasons if they are part of the published admission criteria.</li> </ul>						
If all of the relevant sections have not been completed or if information is incomplete, the form will be returned to you and this could delay your application. Therefore, please ensure you complete the form in as much detail as possible.						
Section G. Declaration						
Section G: Declaration  I confirm that by signing this document, where more than one person shares parental responsibility for the child, I have consulted and agreed with that person on this application prior to submission.  In addition I am aware that where parents/carers share equally parental responsibility for the child then only one address can be considered and this is the one nominated on this CAF (this will be verified by the local authority on behalf of all admission authorities. Note: Documentary evidence may be requested).  I declare that the information provided is correct. I agree that information provided on this form may be passed to schools/academies, other council departments, other relevant agencies and the independent admissions appeals panel.						
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Name:  Signature:   Depart / Cores / Social Western / Depart / Cores / Depart / Cores / Depart / Cores / Depart						
Signature: Parent / Carer / Social Worker (Delete as appropriate)  Date:						

## What do I do next?

Unless you have signed Section E above you should give the whole form to your child's current school. They should complete page 4 of this form and then return it back to you. You should then send the whole form to: Mrs R Smith, John Whitgift Academy, Crosland Road, Grimsby North East Lincolnshire, DN37 9EH

## SECONDARY IN YEAR COMMON APPLICATION FORM (CAF) PART TWO

This part should be forwarded to and completed by the child's current school and may be forwarded to the requested school once an admission has been agreed.

Current School Details							
Name of School:							
Contact Name:							
Note: On Completion by the current school this form is to be returned to the Parent/Carer.							
Has the transfer request been discussed with the sc	Yes No [						
Name and designation of person with whom discussed:							
Signature:							
Is the transfer due to a significant change of address	Yes 🗌 No 🗌						
What is the pupil's current attendance?		%	)				
Has the pupil received any fixed term exclusions?		Yes No					
Is there any advice or information that you feel would assist with the transfer request? (e.g. other agencies							
involved, any additional support required etc.)							
If relevant, please give details on Ontions / Everyingtions courses							
If relevant, please give details on Options / Examinations courses:							
Please attach a copy of pupils educational profile / academic levels/ attendance certificate							
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