

## IN YEAR APPLICATION FORM

### Section A: Pupil Details

<b>First Name (s)</b>					
<b>Surname</b>					
<b>Gender</b>					
<b>Date of birth</b>	/	/			
<b>Year Group</b>	Y7 <input type="checkbox"/>	Y8 <input type="checkbox"/>	Y9 <input type="checkbox"/>	Y10 <input type="checkbox"/>	Y11 <input type="checkbox"/>
<b>Home Address</b>					
<b>Post Code</b>					

**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

<b>Title</b>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>
<b>First Name (s)</b>				
<b>Surname</b>				
<b>Are you the child's</b>	Parent <input type="checkbox"/>	Carer <input type="checkbox"/>	Social Worker <input type="checkbox"/>	
<b>Telephone Number</b>				
<b>Mobile Number:</b>				
<b>E-mail address</b>				
<b>Is there anyone who should not have access to, or information about the child?</b>				Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If Yes please specify who and for what reason</b>				

### Section C: Current School Details or Last School Attended

<b>Current School</b>	
<b>Address</b>	
<b>Telephone Number</b>	
<b>Last date attended (if left)</b>	



**Section F: Requested School Details**

**Name of Academy**.....

Reasons you think are relevant:- (please circle)

**Catchment:**

**Sibling attends:**

Name of sibling: .....

DOB of sibling.....Year Group.....

**Distance:**

**Religion or Faith:** (please give details).....

**Other :** (please give details)

.....  
.....  
.....

**NOTES:**

- 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.

**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**

**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.**

Name:		
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 school?** 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 Options / Examinations courses:**

**Please attach a copy of pupils educational profile / academic levels/ attendance certificate**

SCHOOL STAMP