

Parents should discuss a change of school with their child’s current school if the request in not related to

a change of address. Have you discussed a potential change of school? If so with whom:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| In Year Application for a School Place  Please complete all boxes and return this form to Mrs J Walsh: [jaw@churchdownschool.com](mailto:jaw@churchdownschool.com) or by post to the school address above.  School admissions for children with a Education, Health, Care Plan are dealt with by the Special Educational Needs Team at Gloucester County Council. Please contact them on: 01452 427815  Part 1: To be completed for all applicants  Your application may be delayed if not completed in full.  Child’s Details | | | | | | | | | |
| Childs legal last name: |  | | | | Childs first names: |  | | |  |
| Male/Female | Date of Birth: | | | | Current year group: |  | | |
| Childs current permanent address: | | | | | New address and date of move if applicable:  Please provide proof of new address – a signed tenacy agreement or exchange of contracts. | | | |
|  | | | | | | | | | |
| The date a school place is required: | | | |  | | | | |  |
|  | | | | | | | | | |
| Is your child currently in school: Yes or No | | Name of current school: | | | | | Date last attended: |  |  |
|  | | | | | | | | | |
| Your child’s nationality: | | |  | | | | | |  |
| Date of making application: | | |  | | | | | |
|  | | | | | | | | | |



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Most Recent School Attended

|  |  |  |  |
| --- | --- | --- | --- |
| School name | Phone number and Email | Dates attended | |
|  |  | From: | To: |

Preferred School – Parents are advised to visit school prior expressing a preference where possible

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of preferred school | | Reason for preference | | | |
|  | |  | | | |
| Are there any siblings currently attend the preferred school | | | | Yes | No |
| If yes please list their name(s), date of birth and home address below: | | | | | |
|  |  | |  | | |
|  |  | |  | | |
|  |  | |  | | |

Manent Exclusion fromj Previous Sc hool

Permanent Exclusion from Previous school(s)

If your child has been permanently excluded form one or more schools please provide details below:

|  |  |  |
| --- | --- | --- |
| School name | Phone number and email address | Date of permanent exclusion |
|  |  |  |

Parental responsibility

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/Carer Name | First | Surname | |
| Relationship to child |  | | |
| Signature |  | | Date |
| Home telephone number |  | Mobile | |
| Email address |  | | |
| I certify by signing above that the above information is correct. I do have parental responsibility for the child I am applying for. I understand that giving false information will mean the withdrawal of the offer | | | |



of a place and possible prosecution under the Perjury Act

|  |  |  |
| --- | --- | --- |
| Does anyone else have parental responsibility? If so who: |  | |
| Are they in agreement with this application? | Yes | No |

Contact details of this person:

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/Carer name: | First | Surname | |
| Relationship to child: |  | | |
| Signature: |  | | Date |
| Home Telephone: |  | Mobile : |  |
| Email address: |  | | |
| I certify by signing above that the above information is correct. I do have parental responsibility for the child I am applying for. I understand that giving false information will mean the withdrawal of the offer of a place and possible prosecution under the Perjury Act. | | | |

Please note: The Academy cannot intervene where parents with joint responsibility disagree.

|  |  |  |
| --- | --- | --- |
| Does your child have a Statement of Special education Needs | Yes | No |
| Is your child in the care of a local authority | Yes | No |
| Does your child have a social worker | Yes | No |
| Name and contact information for the social worker |  | |
| Name of local authority responsible for your child’s care |  | |

Part 2: GCSE Options – Only complete this part for pupils requiring places in Years 10 and

11. Please state the subjects your child is studying at their current school.

|  |  |
| --- | --- |
| Subject | Exam board |
|  |  |
|  |  |
|  |  |



|  |  |
| --- | --- |
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|  |  |

Please note we may not offer these courses.

Further information may be found at [www.gloucestershire.gov.uk/schooladmissions](http://www.gloucestershire.gov.uk/schooladmissions)

Please check that details, such as name, date of birth and address are entered accurately. Any error could lead to a delay in processing the application.

Proof of address is required for every application should the school receive more applicants than places available.

If you are moving house, we will require proof of your new address for distance purposes.

If you are applying directly to us and have not been in the Gloucester Education System before you may be asked to supply proof of date of birth to ensure your child is placed in the appropriate year group.

If your child has Educational, Health, Care Plan contact the SEN team at Gloucestershire County Council Tel: 01452 427815

If a school holds a waiting list, positions can go up as well as down based on the oversubscription criteria of the school and the circumstances of children, School vacancies can change on a daily basis.

You are advised not to remove your child from their current school until you have a confirmed place at another school.

Transport will usually only be provided to children who are attending their nearest school, in line with Gloucestershire County Council’s policy. If your nearest school is full, Gloucester County Council will require a copy of their letter to you advising that they are unable to admit your child, and a copy of this letter must be submitted with your transport request.