



## 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 an Education, Health and 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

|   |                              |                     |   |
|---|------------------------------|---------------------|---|
| Child's legal last name   |                              | Child's first names |   |
| Date of Birth   |                              | Gender              | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Current Year Group  |                              | Nationality         |   |
| Child's current permanent address   |                              |                     |   |
| New address and date of move if applicable<br><i>Please provide proof of new address - a signed tenancy agreement or exchange of contracts.</i> |                              |                     |   |
| The date a school place is required   |                              |                     |   |
| Is your child currently in school?  | Yes <input type="checkbox"/> | No                  | <input type="checkbox"/>                                      |
| Name of current school  |                              |                     |   |
| Date last attended  |                              |                     |   |
| Date of making application  |                              |                     |   |

Parents should discuss a change of school with their child's current school if the request is not related to a change of address. Have you discussed a potential change of school? If so with whom:

Name of Person: \_\_\_\_\_ Position \_\_\_\_\_



# Churchdown School Academy

ACHIEVING SUCCESS FOR ALL

Winston Road, Churchdown, Gloucester, GL3 2RB

Telephone 01452 713340

E-mail: [school@churchdownschool.com](mailto:school@churchdownschool.com)

Website: [www.churchdownschool.com](http://www.churchdownschool.com)

Headteacher: David Potter

## PARENTAL RESPONSIBILITY

|                       |  |           |  |
|-----------------------|--|-----------|--|
| First Name            |  | Surname   |  |
| Relationship to Child |  | Signature |  |
| Date                  |  | Tel No    |  |
| Mobile No             |  | Email     |  |

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? Yes  No

Are they in agreement with this application? Yes  No

### Contact details of this person

|                       |  |         |  |
|-----------------------|--|---------|--|
| First Name            |  | Surname |  |
| Relationship to Child |  |         |  |
| Signature             |  | Tel No  |  |
| Mobile                |  | Email   |  |

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**

## PERMANENT EXCLUSION FROM PREVIOUS SCHOOL(S)

If your child has been permanently excluded from one or more schools, please provide details below

| Name of School | Phone No and Email | Date of Permanent Exclusion |
|----------------|--------------------|-----------------------------|
|                |                    |                             |
|                |                    |                             |





## MOST RECENT SCHOOL ATTENDED

|                |      |       |    |
|----------------|------|-------|----|
| Name of School |      |       |    |
| Phone Number   |      | Email |    |
| Dates Attended | From |       | To |

## PREFERRED SCHOOL

Parents are advised to visit the school prior to expressing a preference where possible

|  |                              |    |                          |
|--|------------------------------|----|--------------------------|
| Name of Preferred School   |                              |    |                          |
| Reason for Preference  |                              |    |                          |
| Are there any siblings currently attending the preferred school? | Yes <input type="checkbox"/> | No | <input type="checkbox"/> |
| If yes please list their name(s), date of birth and home address |                              |    |                          |
|  |                              |    |                          |
|  |                              |    |                          |
|  |                              |    |                          |

|   |                              |                             |
|---|------------------------------|-----------------------------|
| Does your child have an Education, Health and Care Plan (EHCP)    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is your child in the care of the Local Authority?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If so, name of local authority responsible for your child's care  |                              |                             |
| Does your child have a social worker?                             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Name and contact information of the social worker (if applicable) |                              |                             |



## 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 |
|---------|------------|
|         |            |
|         |            |
|         |            |
|         |            |
|         |            |
|         |            |
|         |            |
|         |            |

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.