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| In-Year Admission Application FormThis Application Form must only be used in order to apply for a place required during the academicyear at one or more of the schools that are part of The Bath and Mendip Partnership TrustIn-Year admission applications are coordinated across The Bath and Mendip Partnership Trust. Therefore you may indicate more than one preference on this application Form and return it to your most preferred school (Full contact details are set out at the end of this application Form). You may also apply to other schools which are not members of The Bath and Mendip Partnership Trust but you should do so using their own application forms.Please complete one Application Form per child and enter all the required information.A decision will be issued to the applicant in writing within 10 school days of receipt of the completed Application Form.  * Applicants are encouraged to refer to the Bath and Mendip Partnership Trust’s Admission Arrangements before completing this Application Form (the Admission Arrangements are available to download from the school websites or upon request). |

## Section 1: Your requirements

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| **The Bath and Mendip Partnership Trust**  Please indicate one or more schools in order of preference 1,2,3 etc. |

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| Abbot Alphege Academy |  |
| Cameley C of E VA Primary School |  |
| Castle Primary School |  |
| Chew Magna Primary School |  |
| Farmborough Church Primary School |  |
| Hayesdown First School |  |
| Marksbury C of E Primary School |  |
| Moorlands Infant School |  |
| Moorlands Junior School |  |
| Nunney First School |  |
| Pensford Primary School |  |
| Roundhill Primary School |  |
| St Mary’s C of E Primary School |  |
| Weston All Saints C of E Primary School |  |

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| In which Year Group is this place required? |  |
| On what date is this place required? (dd/mm/yyyy) |  |
| School use only: Insert the date on which this application was received at the school |  |

**Section 2: Your Child’s details (the child who is the subject of this application)**

Please enter the required detail or circle ‘Yes’ or ‘No’ throughout

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| First Name | | Middle Name(s) | Last Name |
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| **Male** | **Female** | **Date of Birth (dd/mm/yyyy)** | **Registered Nationality** |
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| **Please enter the home address at which your child lives for the ‘majority’ of his/her time (for more than 2.5 school days per week)** | | | |
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| **How long has he/she lived at this address?** Enter: | **Years** | **Months** | **Weeks** |
| **Are there any formal shared residency arrangements in place for your child?** | | **Yes** | **No** |

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| **Please note:** If your family is currently moving house and you would like your child’s future home address to be taken into account for admission purposes, you must enclose with this application a copy of the legal ‘Exchange of Contract’ document or a Tenancy agreement (minimum six month) signed by the landlord. |

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| **Does this child have European Economic Area Citizenship?** (this will apply if he/she resides in the European Economic Area, which includes Great Britain) | | | | **Yes** | **No** |
| **Is this child a ‘Looked After Child’ - a child in the care of a Local Authority?** | | | | **Yes** | **No** |
| **Is there an adoption, child arrangements or special guardianship order in place?** | | | | **Yes** | **No** |
| **Does he/she have an Education Health and Care Plan (EHCP) in place or agreed at the time of application which names a specific school?** | | | | **Yes** | No |
| **Does this child currently have a sibling attending any of the schools you are applying for?** Refer to the published Admission Arrangements for the definition of ‘sibling’ | | | | **Yes** | **No** |
| If ‘**Yes**’ enter below the details of a qualifying sibling | | | | | |
| **Last Name** | **First name** | **DOB: dd/mm/yyyy** | **School** | | |
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**Section 3: Supporting Information**

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| The information that you have provided in sections 1 and 2 will be used to help inform the admission decision. The published oversubscription criteria will be applied if there are more applications received at the same time than there are places available. A place will be offered in the year group requested only where a further admission would not *‘prejudice the efficient delivery of education or the efficient use of resources’* or, where applicable, unlawfully breach the statutory Infant Class Size Limit.  If a place **can** be offered, the information you provide below will help the Admissions Committee to determine any specific support your child will require on joining the school.  If a place **cannot** be offered and your child is not on roll or attending a school at the time of application, the information you provide below will help the Admission Authority to identify whether he/she qualifies against one or more of the criteria set out in Somerset or Bath and North East Somerset’s Fair Access Protocol. Where this is the case, the Admission Authority will refer your application to this council in order that an officer might engage with you and help secure a suitable educational placement without undue delay.  The Admission Authority or an appointed agent may contact you to discuss the information you provide, in order that your circumstances are clear and that you are be supported as fully as possible throughout the In-Year admissions process. | | | |
| **Is he/she currently on the roll of a United Kingdom school?** | | **Yes** | **No** |
| **If YES, please provide the name and address of this school** |  | | |
| If NO, when did he/she last attend school? Enter month/year | |  |  |
| Is he/she designated as a registered carer for another person? | | Yes | No |
| Is he/she entitled to a Pupil or Service premium? | | Yes | No |
| Does he/she have any special educational need, disability or medical condition that the school should be aware of ? You may be contacted | | Yes | No |
| Does he/she have a registered support worker? | | Yes | No |

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| Are there any other factors that you would like the Admission Authority to be aware of? |

### Section 4: Applicant Details (the applicant is the person completing this form)

Please enter the required detail or circle ‘Yes’ or ‘No’

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| **First Name** | **Last Name** | | **Title** |
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| **Your relationship to this child** | **Parent** | **Carer** | **Other** |

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| **Do you live at the same address as the child you are applying for** | **Yes** | **No** |
| **If ‘No’ then please provide your full address (include post code) for communication purposes** | | |
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| **Land line telephone number** | **Mobile number** | **Email address** |
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## Section 5: Declaration and Signature

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## This application will not be processed unless signed and dated by the applicant (if submitting by

## email, insert an electronic signature).

## By submitting this Application Form, the applicant confirms that:

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| The applicant is legally responsible for the child concerned or that he/she has appropriate consent from the legally responsible party to submit this school place application |
| The information provided on this application form (and any supplementary information that may be provided in support of this application) is accurate to the best of the applicant’s knowledge and not intended to mislead in any way. |
| The offer of a school place may be withdrawn if any of the information provided in conjunction with this application is subsequently found to be intentionally misleading or false. |
| Where this application is submitted as an attachment to an email, the applicant agrees and accepts full responsibility for the child’s information being submitted via a non-secure email platform (subject to the conditions and requirements of the data Protection Act 1988). If this is unacceptable, this Application Form should be completed and submitted as a paper copy, to be posted or hand delivered |
| The information provided may be shared by the Admission Authority to the extent that is necessary to determine the school admission decision, subject to the requirements of the Data Protection Act 1988. |
| He/she is aware of the In-Year admission application process set out in Section 3 of the Admission Authority’s published Admission Arrangements. |

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| **Applicant’s Signature** | **Date: day/month/year** |
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