



## Gordon Children's Academy

# In Year Admission Application Form

Thank you for applying to the Gordon Children's Academy. Please complete this application form in BLOCK CAPITALS and return it to us by either:

Email: office@gordonchildrensacademy.org.uk

This application will be processed and places offered in line with our Admissions Policy and Protocol, which can be found on our website.

### Section A: To be completed by the Parent/Carer

<b>Reason for application:</b>	
House move within Medway	Wishing to change schools in Medway
New arrival to the UK	Moving to Medway: Date:

<b>About the Child:</b>	
First Name(s):	Surname:
Address:	Date of Birth:
	Gender:

### LOOKED AFTER CHILDREN

**Children in Local Authority Care or Previously in Local Authority Care** – a 'looked after child' or a child who was previously looked after but immediately after being looked after became subject to an adoption, child arrangements, or special guardianship order. A looked after child is a child who is (a) in the care of a local authority, or (b) being provided with accommodation by a local authority in the exercise of their social services functions (see the definition in Section 22(1) of the Children Act 1989).

**DOES YOUR CHILD QUALIFY UNDER THE ABOVE STATEMENT? YES/NO**

**IF YES, WHICH AUTHORITY IS/WAS THE CORPORATE PARENT?**

We obtain this data to enable us to function effectively as an education provider or for statutory reasons. For further information on how yours or you child's data is used, shared, kept secure and retained please refer to our Privacy Notice which can be found at <https://www.tsatrust.org.uk/legal/privacy/>. If yours or your child's data changes at any point, please contact us at the school office so that we can amend the data.

**IF YES, PLEASE PROVIDE US WITH THE NAMES OF ANY PROFESSIONALS ASSOCIATED WITH THIS CHILD**

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**Parent/Carer Details:**

Title:	First Name:	Surname:
Relationship to child:		
Address: (if different from above)	Email:	
	Phone Number:	
Do you have parental responsibility? Yes/No	Are you a UK service personnel or other crown servant: Yes/No	

**Siblings:**

Does the child have any siblings attending another TSAT school?	Yes/No
Is yes: please state name and school:	Sibling 1:
Sibling 2:	Sibling 3:
Sibling 4:	Sibling 5:

**Additional Information:**

Have you withdrawn your child from School: Yes/No	If yes, please tick the reason:
Threat of Exclusion	To home educate
House move	Withdrawal by parents

**Transfer between schools in Medway:**

If the child is already in a Medway school, please tell us the reasons for requesting a school transfer:

**Please note that your child must continue to attend their present school until your application is processed.**

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**For transfer to Year 9, Year 10 or Year 11, please be aware that your child's course options may not be available.**

Have you discussed your reasons for wanting to move your child to a different school with your child's current school? Yes/No

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If Yes, who have you talked to at your child's school?	Name:
<b>Parent/Carer Declaration:</b>	
I certify that I am the parent/carers with parental responsibility for the applicant child named on this form.	
I certify that the information I have given is true and complete and that any false or misleading information given on the application form may render this application invalid or lead to the offer of a place being withdrawn even if my child has started school.	
I understand that my application may be referred through the Fair Access Protocol and agree for the information provided on this form to be shared with the relevant panel and appropriate officers in children's services as part of the admissions procedures.	
Signature of Parent/Carer	Date:

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School Information: This is required to establish whether the child's application should be considered in accordance with our Fair Access Protocol and or to provide the school with early notice of the possible need for support for the child.

**Section B: To be completed by child's current school or the most recent school in the UK**

STUDENT DETAILS			
Surname		Forename	
Date of Birth		Current School	
UPN		Year Group	
ULN		First Day of Attendance	
UCI		Date of leaving	

SEN/LAC/SAFEGUARDING			
N = None	Yes/No	IEP	Yes/No
M = Monitor	Yes/No	PSP	Yes/No
K = SEN Support	Yes/No	CP/CHIN/CAF (circle as appropriate)	Yes/No
EHCP – Statement	Yes/No	LAC	Yes/No
Details:		Pupil Premium	Yes/No

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EXCLUSIONS (Please attach copy of behaviour log)					
Date	Length	Reason			
ATTAINMENT					
EYFS	Yes	No	KS1	Level	Date
GLD			Reading		
			Writing		
Year 1	Score	Date	Maths		
Phonics check			Science		
KS2	Level	Date	CATS	Level	Date
Reading			Verbal		
Writing			Non-Verbal		
Maths			Quantitative		
Science			Spatial		
Other					
Reading Age			Spelling Age		
Current Working at Grades/Levels					
English			History/Geography		
Maths			Language		
Science			DT		
KS4 Options Current Working At Grades/Levels					
Subject	WAG	Predicted	Subject	WAG	Predicted

OTHER AGENCIES INVOLVED			
Education Psychologist Service		Social Services	
Behaviour Support Service		Attendance Advisory Service (AAP)	
Physiotherapist		Occupational Therapist	
Speech and Language Therapist		Youth Offenders Team	
Police		Inclusions Team	
Other (please provide details)			
Continued Other Agency information:			

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Has the transfer been discussed with the school?	Yes/NO
Do you support the transfer application?	Yes/No

Please add any further comments you think we may find useful:

NAME		DESIGNATION	
TELEPHONE		EMAIL	
SIGNED		DATE	

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