

E Form SA1



Request for in-year admission to school

Please read the accompanying "Changing Schools in Somerset In Year" leaflet before you complete this form. **Do not complete this form if your child has an Education Health and Care Plan.**

Please note that all sections must be completed by someone who has parental responsibility for the child. Any incomplete forms will be returned requiring resubmission, causing a delay in processing.

Section 1 – Reason for application

Moving into Somerset ☐ Moving within Somerset ☐ Moving to work at Hinkley Point site ☐
If moving, proof of address **must** be included. Please refer to the "Changing Schools in Somerset In Year" leaflet for information regarding proof of address.
Not moving but would like to request a change of school ☐

Section 2 – Preferred school (Local Authority schools accept applications half a term or 6 weeks in advance. Service families with proof of posting to the area may apply up to a year in advance)

School applying for [Click or tap here to enter text.](#)

Preferred start date [Click or tap to enter a date.](#)

Please note: Local Authority schools will not consider more than one application for the same school within the same academic year unless there has been a significant material change, such as a change of address. Have you previously applied for a place at this school **Yes** ☐ **No** ☐

Section 3 – Child's detail

Child's first name [Click or tap here to enter text.](#) Child's surname [Click or tap here to enter text.](#)

Date of birth [Click or tap to enter a date.](#) Gender [Choose an item.](#)

Child's current home address and postcode [Click or tap here to enter text.](#)

New home address and postcode if moving (Proof of address required)
[Click or tap here to enter text.](#)

Name and address of current/previous school [Click or tap here to enter text.](#)

Is the child still attending this school **Yes** ☐ **No** ☐ Date last attended [Click or tap to enter a date.](#)

Is this application for a child currently in the care of a Local Authority **Yes** ☐ **No** ☐

If **YES**, provide details of the Local Authority responsible for the child and social worker [Click or tap here to enter text.](#)

Now formally adopted, subject to a residence/child arrangement order or a special guardianship order
Yes ☐ **No** ☐ If **Yes**, please provide a copy of the adoption order/letter of confirmation

If the child has an allocated Social Worker, has the Virtual School been consulted about a change of school **Yes** ☐ **No** ☐ If **No** send a copy of this application form to the Virtual School before applying.

Does the child have an Education Health and Care Plan (EHCP) **Yes** ☐ **No** ☐

Is the child undergoing a statutory assessment for and EHCP **Yes** ☐ **No** ☐

Has the child:

Ever been permanently excluded from school **Yes** ☐ **No** ☐ Ever received suspensions **Yes** ☐ **No** ☐

Attended a pupil referral unit (PRU/alternative provision) during the last 12 months **Yes** ☐ **No** ☐

Are there any other specialist services involved, e.g. a social worker/youth offending **Yes** ☐ **No** ☐

If **YES** please provide details [Click or tap here to enter text.](#)

Is this application on the basis of faith **Yes** ☐ **No** ☐ If **YES** which faith [Click or tap here to enter text.](#)

If you ticked **Yes**, please provide details of your Priest/Minister/Leader and explain the relationship on the appropriate 'Faith' Supplementary Information Form or a copy of a Baptism/Christening certificate.

Are either parents/carers members of staff at the school being applied for **Yes** ☐ **No** ☐

Are either parent/carers service personnel who are being posted to Somerset **Yes** ☐ **No** ☐

Please ensure you provide proof of posting with this application.

Will there be a sibling resident at the same address and on roll at the school you are applying for at the time the school place is required **Yes** ☐ **No** ☐

Child's first name [Click or tap here to enter text.](#) Child's surname [Click or tap here to enter text.](#)

Date of birth [Click or tap to enter a date.](#) Gender [Choose an item.](#)

Fair Access Criteria

Please tick all boxes that apply to your application/child. (Please note this does not guarantee a place at a school. It may however enable the Somerset Fair Access Protocol to be invoked should you be unable to secure a school place using the normal in year admission process)

Is/does the child -

- ☐ Have a Child in Need Plan/Child Protection Plan or had one within the past 12 months ☐ A carer
- ☐ In alternative provision/has been permanently excluded ☐ From the criminal justice system
- ☐ Have special educational need/disability/medical need (without EHCP) ☐ Homeless
- ☐ In formal kinship care arrangements (evidence such as a child arrangements order not relating to either birth parent or a special guardianship order required)
- ☐ Gypsy/Roma/Traveller/Refugee/Asylum seeker ☐ Refused due to their challenging behaviour
- ☐ Out of education for at least 4 weeks due to no places being available at any school within 2 miles (aged under 8)/3 miles (aged 8 and over) (N/A if child registered as Elective Home Educated)
- ☐ Previously a looked after child where the local authority has been unable to secure a place

Why is a change of school being sought? (continue on a separate sheet if necessary)

[Click or tap here to enter text.](#)

Section 4 – Parent/carer details

Parent/carer full name Click or tap here to enter text.

Title Choose an item. If other add here

Relationship to child Click or tap here to enter text.

Do you have legal Parental Responsibility for this child **Yes** ☐ **No** ☐

Contact telephone number Click or tap here to enter text.

Contact email address Click or tap here to enter text.

Address if different to child's Click or tap here to enter text.

I give consent for all correspondence to be sent to the email address above **Yes** ☐ **No** ☐

I confirm that I have parental responsibility for this child and the information given is correct and accurate. I understand that any place offered on the basis of fraudulent or intentionally misleading information may be withdrawn. I consent to the information on this form being shared with appropriate agencies and understand that contact may be made with the child's current/previous school for information which may include any special educational or medical need, attendance or exclusion data, their strengths or interests. This information will either be used to identify whether your child meets the criteria for consideration under the Somerset Fair Access Protocol or to assist the new school with planning for your child's admission. I understand that it is my responsibility as applicant to ensure that the Admission Authority receives the completed application form safely

If you are caring for someone else's child for more than 28 days and you are not an immediate relative you may be Private Fostering and it is a legal requirement that you inform the Local Authority. If you think you may be Private Fostering, please contact 0300 123 2224

Before signing ensure that you have read the Changing Schools in Somerset In Year Leaflet. When completed, signed and dated please submit your application to your preferred school, including where required any additional information and evidence that will be required. Failure to do so may result in you're application being returned or cause a delay in your application being processed.

Signature Click or tap here to enter text.

Date Click or tap to enter a date.

For further information please contact schooladmissions@somerset.gov.uk, or telephone 0300 123 2224

For Admission Authority and Local Authority use only

Date received by school –

Date sent to School admissions/core data (coredatateam@somerset.gov.uk) –

Applicable oversubscription criterion –

Other notes –