

St Matthew's Church of England Primary School

Mid-Year Admissions form



Child's First Name	Surname	Date of Birth	Year Group	Male/Female

Are any other names used by your child?
If so please give details:

Name of adults with parental responsibility:
(Mr/Mrs/Miss/etc.)

Relationship to child:

Are you applying for a school place for any other children?

Yes ☐

No ☐

If yes, please detail below and complete a form for each child:

Child's First Name	Surname	Date of Birth	Year Group	Male/Female

Your home address:

Post Code:

Contact No.:

Does your child live with you at the above address?

Yes ☐

No ☐

If "No" please provide the address
where your child lives:

Name of person child lives with:

Relationship to child:

Contact numbers:

Work:

Mobile:

Email address:

Is your application because of a change of address?

Yes

☐

No

☐

Please provide your previous address:

Postcode:

Date moved:

Is your child an: Asylum seeker? Yes

☐

No

☐

Refugee? Yes

☐

No

☐

Please state when the child arrived in Britain. Please state month and year of entry and include a **copy of your**

child's passport and visa.

Month:

Year:

Nationality (if not British):

Home language:

Country of origin:

Is your child in public care (looked after by the local authority) or previously been in public care?

Yes

☐

No

☐

Does your child have a brother or sister at St Matthew's

Yes

☐

No

☐

If so, please give details below.

Name(s):

Year Group:

Does your child have a statement of Special Educational Needs (SEN) or Educational Health Care Plan?

Yes

☐

No

☐

Does your child have a disability?

Yes

☐

No

☐

If yes, please state the nature of the disability:

Are you applying for a place on denominational (religious) grounds?

Yes

☐

No

☐

If so, please state religion:

Please name your child's current/last school and the first date attended.

School:

Local authority:

Date:

Is your child still attending this school regularly?

Yes

☐

No

☐

If no, please indicate last day attended:

Has your child had any exclusions from any school? If yes, please provide brief details of the exclusions below.

School:

Date of exclusion(s):

Reason(s):

Has your child's current school suggested you transfer your child?

Yes

☐

No

☐

Please provide details of any contact you have had with your child's present/last school in order to resolve any difficulties:

Please ✓ the box which most accurately reflects your reason for transfer

☐

Bullying

☐

New to UK

☐

Curriculum issues (including quality of teaching)

☐

Returning to UK

☐

Denominational (religious) reasons

☐

New to Sandwell

☐

Distance from home

☐

Permanent Exclusion

☐

Domestic problem

☐

Sibling at the School

☐

House move within Sandwell

☐

Traveller

☐

Issues with other parents

☐

Armed Forces Family

☐

Other – please state reason:

Signature of Parent or Guardian:

Date:

Please return this form to either the EYFS/KS1 school office on the Windmill Lane site or the KS2 office on the Croxall Way site.

Part 2: To be completed by your child's present school

School name:

Can you confirm that the information about the applicant is correct?

Yes

☐

No

☐

If no, please supply supporting evidence.

Unique pupil number reference:

1. Please give any available information about the circumstances which have led to the parent's request.

2. Do you believe that a change of school would be in the best educational and social interests of the child?

Yes

☐

No

☐

3. Do you consider that this child is "Hard to Place" as set down in the Sandwell Fair Access Protocol?

(If yes, please complete section 5 below)

Yes

☐

No

☐

4. Does the pupil have an EHCP?

Yes

☐

No

☐

a) Is the pupil on the SEN Stage Code of Practice for behaviour?

Yes

☐

No

☐

b) Is the pupil on the SEN Stage Code of Practice for learning?

Yes

☐

No

☐

5. For pupils designated as "Hard to Place" please attach the following (if applicable):

	Tick if applicable
a) Pupil incident log (including details of all fixed term exclusions in the last 12 months)	
b) IEP	
c) PSP	
d) BSP	
e) Home/School Agreement	
f) Risk Assessment	
g) Attendance print-out (please include print-out for last full academic year)	
h) Details of other strategies used (please detail below):	

6. Intervention by other agencies.

Please give details of any intervention by the following agencies:

Agency	Details (please include contact details if applicable)	Additional papers attached (please list)
Inclusion Support EP BST SENAT L		
CAMHS		
Social Care		
YOT		
EWS		
LACE		
Other (please give details)		

7. Academic achievement/SATs Results

Subject	Working below/at/above age related expectations National assessment results – e.g. KS1 Phonics, KS1 SATs

Please attach student attendance record and any other additional information included in section 5.

Signature:	
Position:	
Date:	