



St. James' Church of England Primary Academy

APPLICATION FOR CASUAL IN-YEAR ADMISSION

Please complete all details in BLOCK CAPITALS and tick the relevant boxes

Please return directly to the Academy Office

CHILD'S DETAILS

Forename:	Surname:	
Date of Birth:	Male / Female:	Current Year Group:
Address:		
Postcode:		
Is this child a Looked After Child: Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
If yes, please state the name of the Local Authority:		
Name of Social Worker:	Social Worker's phone number:	
Does your child have a Statement of Special Educational Needs: Yes: <input type="checkbox"/> No: <input type="checkbox"/>		

CURRENT SCHOOL

Name:
Address:

PARENT/CARER DETAILS

Title:	Initial:	Surname:
Relationship to child e.g. mother:		
Current Address:		
Postcode:		
Home phone:	Work phone:	
Mobile phone:	Email address:	
Are you UK service personnel or Crown servant? Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
<i>If yes, please provide proof of posting with this application.</i>		

Signed:	Date:
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SCHOOL USE ONLY:

Place Offered:	
Place Accepted:	
Start Date:	