

In-Year Application Form

(To be used when applying to change school and the place is required during the school year)

This form must be completed and submitted directly to the School Office

Wraxall CEVA Primary School, Bristol Road, Wraxall, Bristol BS48 1LB

- Please provide all the required information.
- Applicants are advised to refer to the published School Admission Arrangements before completing this application form
- The applicant will be notified of the admission decision in writing within 10 school days of the Admission Authority receiving the completed application form.

Section 1: Your requirements

In which Year Group is the place required?	
When is the 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

Last Name		First Name	Middle Name(s)
Male	Female	Date of Birth (dd/mm/yyyy)	Registered Nationality

Please enter the home address at which your child lives for the majority of his/her time			
	Years	Months	Weeks
How long has he/she lived at this address?			
Are there any formal shared residency arrangements in place for your child?	Yes	No	

Please note: If your family is currently moving house and you would like this application to be considered on the basis of your child's future home address, 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.

Is he/she currently on the roll of a United Kingdom school?	Yes	No
If NO , when did he/she last attend school? <small>Enter month/year</small>		
Does he/she have European Economic Area Citizenship?	Yes	No
Is he/she currently 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
Is he/she designated as a registered carer for another person?	Yes	No
Is he/she eligible to receive a Pupil Premium or Service Premium?	Yes	No
Does he/she have an Education Health and Care Plan (EHCP)?	Yes	No
Does he/she have any special educational need, disability or medical condition the school should be aware of? <small>You may be contacted</small>	Yes	No
Does he/she have a registered support worker?	Yes	No

Does your child have a sibling currently attending Wraxall CEVA Primary School? (The sibling definition set out in Section 1.5 of the School Admission Arrangements applies)	Yes	No	
If 'Yes' enter the details of <u>any one</u> sibling who is currently registered on the roll of this school			
Last Name	First name	DOB: dd/mm/yyyy	Relationship

Section 3: Applicant Details (the applicant is the person completing this form)

Please enter the required detail or circle 'Yes' or 'No'

Last Name	First Name	Title

Your relationship to this child	Parent	Carer	Other

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		

Landline telephone number	Mobile number	Email address

Section 4: To be completed if a parent wishes to provide supplementary information to support their application

Criterion 3	Children who themselves, or whose parent(s) attend All Saints Church, Wraxall or St Bartholomew’s Church, Failand on at least one day per month and have attended for the previous twelve consecutive months prior to application	
Criterion 5	Children who themselves, or whose parent(s) attend a service of Christian worship at a registered place of worship on at least one day per month and have attended for the previous twelve consecutive months prior to application	

<p>The required evidence: The following declaration must be signed by the Vicar, Priest or Church official to confirm that the child named on this form fully satisfies the requirements of Criterion 3 or 5</p> <p>I have consulted the appropriate Church leadership team and can confirm that (enter the qualifying child or parent(s) name)</p> <p>attendsChurch or place of Christian worship and has done so for at least <u>one day per month for the last twelve consecutive months</u></p> <p>Signed.....Print Name.....</p> <p>Position.....Date.....</p> <p>Email or telephone contact details</p>
--

Section 5: Declaration and Signature

This application will not be processed unless signed and dated by the applicant. By signing, the applicant confirms that:

The information provided on this application form (and any other information that may be provided in support of this application) is accurate to the best of the applicants’ knowledge and not intended to mislead in any way.
Any offer of a school place may be withdrawn if any of the information provided in support of the application is subsequently found to be intentionally misleading or false.
The information provided may be shared by the Admission Authority to the extent that is required in order to determine the school admission decision, subject to the requirements of the Data Protection Act 1988.
If the parent chooses to submit this Application Form as an email attachment, he/she is fully aware of data protection requirements and takes responsibility for submitting the child’s details by non-encrypted email. Submitting this application by email will constitute signing the application form and agreeing to these terms
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
He/she is aware of the In-Year admission application process set out in Section 3 of the published school Admission Arrangements.

Signature of Applicant	Date: