



**IN YEAR APPLICATION FORM 2020-2021**

**SOMERCOTES ACADEMY**

**Section A: Student Details**

<b>First Name (s)</b>					
<b>Surname</b>					
<b>Gender</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>				
<b>Date of birth</b>	/ /				
<b>Year Group</b>	Y7 <input type="checkbox"/>	Y8 <input type="checkbox"/>	Y9 <input type="checkbox"/>	Y10 <input type="checkbox"/>	Y11 <input type="checkbox"/>
<b>Home Address</b>					
<b>Post Code</b>					

**Is the child Looked After by the Local Authority** Yes  No

**Does the child have an Education Health Care Plan (EHCP)?** Yes\*  No

\* If your child has an Education Health Care Plan (EHCP) you will need to contact SEND team at Lincolnshire County Council on Tel No 01522 553332 as they will need to consult with your preferred school before admission can be arranged. **You cannot apply with this form if your child has an EHCP.**

**Section B: Parents/Carers Details**

<b>Title</b>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>
<b>First Name (s)</b>				
<b>Surname</b>				
<b>Are you the child's</b>	Parent <input type="checkbox"/>	Carer <input type="checkbox"/>	Social Worker <input type="checkbox"/>	
<b>Telephone Number</b>				
<b>Mobile Number:</b>				
<b>E-mail address</b>				
<b>Is there anyone who should not have access to, or information about the child?</b>				Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If Yes please specify who and for what reason</b>				

**Section C: Current School Details**

<b>Current School</b>	
<b>Address</b>	
<b>Telephone Number</b>	
<b>Last date attended (if left)</b>	



**Section F: Requested School Details**

**Name of Academy**.....

Reasons you think are relevant:- (please tick)

**Catchment:**

**Sibling attends:**

Name of sibling : .....

DOB of sibling: .....Year Group: .....

**Distance:**

**Religion or Faith:**  (please give details .....

**Other:**  (please give details)

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**NOTES:**

- Although you are asked to give reasons for applying for the Academy we can only apply the reasons if they are part of the published admission criteria.

**If all of the relevant sections have not been completed or if information is incomplete, the form will be returned to you and this could delay your application. Therefore, please ensure you complete the form in as much detail as possible.**

**Section G: Declaration**

**I confirm that by signing this document, where more than one person shares parental responsibility for the child, I have consulted and agreed with that person on this application prior to submission.**

In addition I am aware that where parents/carers share equally parental responsibility for the child then only one address can be considered and this is the one nominated on this CAF (this will be verified by the local authority on behalf of all admission authorities. Note: Documentary evidence may be requested).

Name:

Signature:

Parent / Carer / Social Worker (Delete as appropriate)

Date:

**What do I do next?**

Unless you have signed Section E above you should give the whole form to your child's current school. They should complete page 4 of this form and then return it back to you. You should then send the whole form to:

**Admissions  
Tollbar Multi Academy Trust  
Station Road  
New Waltham  
Grimsby  
DN36 4RZ**

