



WADDESDON CHURCH OF ENGLAND SCHOOL

IN-YEAR APPLICATION FORM

FOR IN-YEAR APPLICATIONS SEEKING ADMISSION TO THE SCHOOL AFTER THE NORMAL POINT OF ADMISSION

For more information, please visit our website www.waddesdonschool.com where full admission policies are available

1. CHILD'S DETAILS			
Legal First Name(s)		Legal Surname	
Preferred First Name(s)		Preferred Surname	
Date of Birth	___/___/___	Gender:	Current Year Group:

The **address** should be your child's normal home address at the time of the application. Please include a utility bill showing appropriate usage dated within the last 3 months to show you currently live at the address given.

Normal Home Address (the address & postcode at which the child normally lives). Please include address evidence.		If moving home, please provide the new Home Address (this is the address at which the child will live). Please include address evidence	Move date ___/___/___
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2. APPLICANT'S DETAILS	
Name(s) of parent/carer living at the address above	
Relationship to child	
Email address	
Telephone numbers	
If other adults have parental responsibility but do not live at the same address as the child, please provide their name and address:	

3. SUPPORTING INFORMATION	
<p>Is or has the child ever been in the care of a Local Authority?</p> <p>Please note, that if the child is currently cared for by a Local Authority, the Social Worker will act as parent for the child and should submit this application.</p>	<p>YES/NO</p> <p>If Yes: Local authority: Social Worker contact name: Telephone number: Email:</p>
<p>Is the child internationally adopted previously looked after (IAPLAC)?</p>	<p>YES/NO</p> <p>If Yes, please provide evidence of the child's IAPLAC status. If the only evidence available is not in English, a translated version is required.</p>
<p>Are you or your partner a serving member of the Armed Forces or a Crown Servant?</p>	<p>YES/NO</p>
<p>Does the child have any brothers or sisters attending Waddesdon School?</p>	<p>YES/NO</p> <p>If 'Yes' please give details of sibling's name and date of birth</p>
<p>Does the child have a parent who is a member of staff at the school?</p>	<p>YES/NO</p> <p>If Yes, please give their name and the date their employment commenced.</p>
<p>Church Attendance</p> <p>Are you applying under criterion 4 or 5 (strong commitment to the Church of England or another Christian Church)?</p>	<p>YES/NO</p> <p>If Yes, name of Church attended:</p> <p>Denomination:</p> <p>A church commitment form must be returned to us if you wish the application to be considered under criteria 4 or 5.</p>
<p>Does your child have exceptional medical or social reasons why he/she should attend Waddesdon Church of England School?</p>	<p>YES / NO</p> <p>If 'Yes' please attach details, you will need to include written support from an appropriate professional person. Please see the Admissions Policy for further details.</p>

<p>Does your child have an Education Health and Care Plan (EHCP)? A Statement of SEN or ECH is a document written by the local authority detailing the needs that a child has in learning at school, and the measures which the school will take to help them.</p>	<p>YES / UNDERGOING ASSESSMENT / NO (delete as appropriate)</p> <p>The admission of children who already have an EHCP is managed by the SEN team and this application will be passed to them.</p>
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Your child may not currently have an EHCP but they may receive extra support in school for special needs. If so please indicate the type of support here:

Changing schools can be very worrying for children and young people and it is important that the professionals at Waddesdon can make sure they understand the needs of the young person right from the start.

<p>Is your child currently supported by any other agencies?</p>	<p>YES / NO</p> <p>Social Services <input type="checkbox"/></p> <p>Education Welfare Officers for attendance issues <input type="checkbox"/></p> <p>Educational Psychology Service <input type="checkbox"/></p> <p>Child and Adult Mental Health Service <input type="checkbox"/></p> <p>Ad-action <input type="checkbox"/></p> <p>Youth Offending Team <input type="checkbox"/></p> <p>Other <input type="checkbox"/> (please specify)</p>
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Please provide their contact details so we can ensure that your child can be supported through their change of schooling by appropriate professionals:

4. REASON FOR REQUEST FOR ADMISSION OR TRANSFER

<p>Date admission required</p>	<p>_____ / _____ / _____</p>
<p>Have you withdrawn your child from a school?</p>	<p>YES/NO If Yes, please tell us why: Elect to home educate <input type="checkbox"/> House move <input type="checkbox"/> School suggested move <input type="checkbox"/> Other (please specify) <input type="checkbox"/></p>
<p>Has your child been permanently or temporarily excluded from any of his/her previous schools?</p>	<p>YES/NO If Yes, please state: School(s) Date(s) Reason(s) for exclusion</p>

Please tell us the reasons for moving your child. If this is due to problems at your child's current school we would expect you to have tried to resolve these difficulties with the school. In all cases you should contact your child's headteacher or Head of Year to complete the following section. We may contact them direct regarding your move.

Reasons for requesting a transfer to Waddesdon School
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5. CURRENT SCHOOL INFORMATION	
Name & address of current (or most recent) school	School name: If the student has now left this school, please give last date of attendance:

PLEASE NOTE WE MAY CONTACT YOUR CHILD'S CURRENT OR PREVIOUS SCHOOL IN ORDER TO PROCESS THIS APPLICATION.

Is there anything else you think we need to know to process this application?
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6. DECLARATION

I certify that I have parental responsibility for the child named in Section 1, and that this application has the agreement of all parents/carers listed in Section 2.

I confirm that the information I have provided is to the best of my knowledge correct and up to date. I understand if I give any false or deliberately misleading information on this form and/or supporting papers or withhold any relevant information, this may lead to the withdrawal of a school place for my child.

I hereby authorise Waddesdon Church of England School to contact my child's previous school.

IMPORTANT NOTE: ALL SECTIONS OF THIS FORM MUST BE COMPLETED AND ALL EVIDENCE ATTACHED AS APPROPRIATE - INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT AND THIS WILL DELAY THE PROCESSING OF YOUR APPLICATION.

Signature of parent/carer:

Date: ___/___/___

Information supplied will be used for registration purposes under the Data Protection Act 1998.

Once completed you should return this form to: Mrs Nicola Ready, School Admissions Manager, Waddesdon Church of England School, School Lane, Waddesdon, Buckinghamshire. HP18 0LQ Tel: 01296 651382 or email: office@waddesdonschool.com