

# Sale High School

## In-year Admission Application Form (A)



Application for a place in year:	7	8	9	10	11
Date of application:					

The term 'In Year' applies to all admissions to the school outside the normal admission process in the September of Year 7 – around the normal transition from Primary school.

At Sale High School the governing body are responsible for admissions and as such they will take every care to ensure that applications are considered in a fair and timely manner.

Any application made outside the normal route (as described above) will only be considered on receipt of **the fully completed application forms (both A and B)**. The form should be completed and returned to the school, marked for the attention of the Admissions Officer.

Please complete this form using **black** ink and **CAPITAL LETTERS**.

You **MUST** include two forms of proof of address. One of which **must** be a council tax bill, utility bill or solicitors letter showing completion date or a signed tenancy agreement. Please **do not** send originals.

Please ensure that you ret

### SECTION 1:

Reason for your application:	Please tick relevant box below:
Moving into Trafford area from a different local authority	
Moving house within the Trafford area	
Moving from another Trafford school	
Moving from a PRU or other specialist provision	

## SECTION 2:

Your child's details:	
First Name:	
Middle Names:	
Family Name:	
Date of Birth:	
Gender:	Male/Female
Current Address:	
House or Flat Name/Number:	
Street:	
Town:	
County:	
Postcode:	
Religion:	
Ethnicity:	
First Language:	

Does your child have an Education Health Care Plan (EHCP)?  Yes  No

Is the named child in a 'looked after child'?  Yes  No  
(A child is 'looked after' if they are in the care of the local authority)

If Yes, which local authority are they currently in the care of?

If yes, please provide the name of the child's social worker and/or advisory teacher:

Is this child's parent/carer working as a UK service personnel/other Crown Servant?

Is there a legal order relating to your child?  Yes  No

If YES, please inform the school in a confidential letter

Have any of the following services been involved with your child in the last 3 years?

Education Welfare Officer:		MARAT:	
Educational Psychologist:		Social Services:	
CAMHS:		Other:	
School Nursing Service:			
Youth Offending Service:			

Please include any additional information on a separate sheet if required.

Is your child attending school regularly?  Yes  No

If your child is not attending regularly, please explain why:

## SECTION 3: (Please only fill in this section if you are moving house)

New Address:	
House or Flat Name/Number:	
Street:	
Town:	
County:	
Postcode:	
Moving date:	

## SECTION 4:

In this section you must list all the schools (both primary and secondary) that your child has attended. Failure to disclose details accurately could lead to any offer of a place being withdrawn. Please continue on a separate sheet if required.

Schools Attended to Date (1):			
School Name:			
Address:			
Phone Number:		Fax:	
Start Date:		End Date:	
Reason for leaving:			

Schools Attended to Date (2):			
School Name:			
Address:			
Phone Number:		Fax:	
Start Date:		End Date:	
Reason for leaving:			

## SECTION 5:

Does your child have any brothers or sisters at Sale High School?

<b>Details of Sibling:</b>	
<b>Year Group:</b>	<b>7   8   9   10   11</b>
<b>First Name:</b>	
<b>Middle Names:</b>	
<b>Family Name:</b>	
<b>Date of Birth:</b>	
<b>Gender:</b>	
<b>Current Address:</b>	
<b>House or Flat Name/Number:</b>	
<b>Street:</b>	
<b>Town:</b>	
<b>County:</b>	
<b>Postcode:</b>	
<b>This information is essential in order to correctly process your application</b>	

Please continue on a separate sheet if required.

## SECTION 6:

<b>Parents/Carer contact details:</b>	
<b>CONTACT 1</b>	
<b>Title: (Please circle)</b>	<b>Mr Mrs Ms Miss Dr Other (please specify)</b>
<b>Surname:</b>	
<b>First Name:</b>	
<b>Relationship to child:</b>	
<b>Current Address: : (If different from your child)</b>	
<b>House or Flat Name/Number:</b>	
<b>Street:</b>	
<b>Town:</b>	
<b>County:</b>	
<b>Postcode:</b>	
<b>Home phone:</b>	
<b>Mobile phone:</b>	
<b>Email address:</b>	

<b>Parents/Carer contact details:</b>	
<b>CONTACT 2</b>	
<b>Title: (Please circle)</b>	<b>Mr Mrs Ms Miss Dr Other (please specify)</b>
<b>Surname:</b>	
<b>First Name:</b>	
<b>Relationship to child:</b>	
<b>Current Address: : (If different from your child)</b>	
<b>House or Flat Name/Number:</b>	
<b>Street:</b>	
<b>Town:</b>	
<b>County:</b>	
<b>Postcode:</b>	
<b>Home phone:</b>	
<b>Mobile phone:</b>	
<b>Email address:</b>	

## Parents/Carer contact details:

### CONTACT 3

Title: (Please circle)	Mr Mrs Ms Miss Dr Other (please specify)
Surname:	
First Name:	
Relationship to child:	
Current Address: : (If different from your child)	
House or Flat Name/Number:	
Street:	
Town:	
County:	
Postcode:	
Home phone:	
Mobile phone:	
Email address:	

## SECTION 7:

### Additional Information

Why do you want your child to move school?

Please provide as much information as you can and use a separate sheet where necessary.

I have discussed my reasons for wanting to move my child to a different school with my child's current school?

Yes  No

# SECTION 9:

(Please ONLY fill this section if English is an additional Language)

Arrival date in the UK:	
Ethnicity:	
Religion:	
Festivals Observed:	
Language(s) spoken at home:	
Competency in writing first language:	
Any qualification achieved in first language:	
Eligibility to be entered for GCSE in first language:	
Previous Schooling & experience of English (Favourite subjects, interests, strengths):	
Status of stay/Permit:	
<b>Parent/Carer Details (1):</b>	
Place of birth:	
Language spoken at home:	
<b>Parent/Carer Details (2):</b>	
Place of birth:	
Language spoken at home:	

<b>Additional Information:</b>
Any English speaking contacts/Interpreters required:
Any other information family feel is relevant (e.g. Refugee status, experience of war, etc.)



## SECTION 10:

<b>Medical Information:</b>	
GP's Name:	
Surgery Address:	
Surgery Post code	
Surgery telephone number:	

<b>Essential Medical Information (e.g. conditions, illnesses, allergies, medication)</b>

## SECTION 11:

<b>Lunchtime Arrangements:</b>	
School Meal:	
Packed Lunch:	

<b>Free School Meal Entitlement:</b>
Is your child entitled to a free school meal? YES/NO
'Are you in receipt of Income Support? YES/NO (delete as appropriate)
Please provide proof of Income Support to the school office (e.g. a letter from the DSS or sight of Income Support documents)
If YES, it may be necessary for us to check on your entitlement with the Department of Social Security.
Registration Number (if known):

## SECTION 12:

<b>Travel Arrangements:</b>			
<b>Mode of Travel (Please tick):</b>			
Walk		Metrolink	
Bus		Taxi	
Car		Rail	
Bicycle		Other:	

**Please ensure that all sections of this form are completed and handed in with form B otherwise the application cannot be processed.**

## Checklist:

<i>If you deliberately give false information, we may withdraw our offer of a school place.</i>	
<b>All of the information I have given on this form is correct. I understand that you will inform my child's current school of this application and will share the information in this application with the schools (and their maintaining authorities) listed on this form.</b>	
<b>I confirm I have parental responsibility for this child</b>	
<b>I enclose/have completed:</b>	
<b>The Medical Information section of this form:</b>	
<b>Reasons to support my application (if applicable):</b>	
<b>Proof of address x 2 (please do not send originals):</b>	
<b>Form B completed by my child's current school</b>	
<b>Copy of birth certificate/proof of D.O.B:</b>	
<b>Your signature:</b>	
<b>Your full name:</b>	
<b>Date:</b>	

# Sale High School

## In-year Admission Application Form (B)



I \_\_\_\_\_ am formally requesting to obtain details from my child's academic and pastoral records to support an admission enquiry.

Signed: \_\_\_\_\_

*A subject access request (SAR) is simply a written request made by or on behalf of an individual for the information which he or she is entitled to ask for under section 7 of the Data Protection Act 1998 (DPA).*

Personal Details:			
Surname:		Current school:	
First names:		Date of Birth:	

Attendance:	
Attendance (%):	
Period covered:	
Punctuality:	Good    Average    Poor
EWO involved?	Yes/No

SEND:			
SEN Support (K)	Yes/No	IEP	Yes/No
Statement/EHC Plan	Yes/No	EP involvement	Yes/No

Attainment (NC Levels) KS2 and KS3 where appropriate					
What year group is the student currently in?	7   8   9   10   11				
Is this student in the correct NC year group for their age?	Yes/No		Signature - checked by SHS AO:		
	Level	Level	Other (eg CAT scores)		
Subject	KS2	KS3	Date		
Maths					
English					
Science					

Continued Overleaf

If the student is in KS4 what options is the child studying?	
Option Subject:	Exam Board:

Other Agencies Involved (please tick) (please attach reports and/or provide details on an additional sheet)	
Educational Psychologist Service	Social Worker
Behaviour Support Team	Child and Family Clinic
Home/Hospital Education	Refugee & Traveller Team
Minority Ethnic Curriculum Support Service	Looked After Team

**To be completed by your child's current school:**  
Please add any other comments you think we may find helpful to enable a successful transition into a new school:

School Representative:
Please give your full contact details below. Thank you for your help in completing this form.
Name:
Telephone Number:
Email Address:
Signature:
Date: