

Application for 'In-Year' Admission (Other than at the normal point of entry) to a Norfolk Secondary School

Section 1 - Child's Details

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Child's Surname	Child's Forename			Male	Female	
Date of birth (dd/mm/yy)	Current school year Does your child have a					
	group	•		Statement of special need?		
				•		
Child's Home Address						
First line of the address:						
District:					•••	
Town / City:						
County:	Postco	de:				
		L				
Tel No:		l addres	S	@		
	≢ = "			@		
Name and address of curre	ant or last school	1				
Name and address of curre	ant of last scriool	1				
Name of Year Head				*		
<u> </u>						
Is the child still attending?					Y / N	
If not, what was the last da	te of attendance	at sch	ool			
Was the child permanently excluded? Y / N			Y / N			
Section 2 – Parent / Care	rs details					
(24 24 24						
First name (Mr, Mrs, Miss, Ms)			Surname			
What is your relationship to	the child? Do you have Parental Responsibility?			esponsibility?		
				Y / N		
Address if different to the child's address.						
First line of the address:						
District: Town / City:						
Postcode:						

Section 3 – Additional information requested to ensure that your child is offered an appropriate school place. Please provide the following: -

Languages spoken at home	;				
Is the child in public care (looked after by a local authority)				Y / N	
If yes please name the resp	onsible Local A	Authority below	•		
Does the child have any sib		age		Y / N	
If so, please provide details					
Name	Date of birth		Current scho	Current school	
If your child is in Year Nine or above and is taking vocational or GCSE subjects, please give a brief description in the box below					
Subjects		Type of Cours	se		
Section 4 - Your reasons t	for requesting	admission to	/ or a transfe	er of school	
Section 4 - Your reasons for requesting admission to / or a transfer of school					
MOVING: If you have moved or are moving, please complete the following: -					
Proposed Norfolk address					
First line of the address:					
District:					
Town / City:					
Postcode					
Date of Move/ Anticipated D	ate of move				

Please note: You MUST provide documentary proof of your new address.

Either a copy of a tenancy agreement signed by all parties and arranged through a letting/estate agency (private/informal letting arrangements are not accepted)

Or correspondence from a solicitor confirming that contracts have been exchanged for the sale and purchase of the property

You will be required to provide proof of address / evidence in other circumstances (e.g. when a child changes address)

IF YOU ARE NOT MOVING TO A NEW ADDRESS

(But you have other reasons for requesting admission to / transfer of school)

If you have not moved it is important that you give full reasons why you want to change school. The County Council expects transfers to take place at the beginning of each school term (providing a place is available). It will only consider applications which are received at this office before: -

- 31st October for a transfer to take place at the beginning of the spring term (after Christmas)
- 28th (29th) February for a transfer to take place at the beginning of the summer term (after Easter)
- 31st May for a transfer to take place at the beginning of the autumn term (the beginning of a new School year)

Applications received after the specified date will not be considered until the end of the following term.

ONLY ONE APPLICATION for Admission / Transfer can be made each School year unless there is a material change in circumstances which make another application necessary.

When is the place required for: (Date)	
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Section 5 - School Preferences

Please list up to three preferred schools in priority order below:

First Preference (please write the name of your first preference for school)			
	Are you applying on the basis of faith?		
	Yes / No (Please circle)		
	If yes please state your faith		

Second Preference (please write the name of your second preference for school)			
	Are you applying on the basis of faith?		
	Yes / No (Please circle)		
	If yes please state your faith		

Third Preference (please write the name of your third preference for school)			
	Are you applying on the basis of faith? Yes / No (Please circle)		
	If yes please state your faith		

Reasons You are invited to in / documents) in sup				ion (or	if you pref	er attach separate sheets
Please note that we information in con	•	•				ool for further
Declaration						
I certify that, to the besthat if false information						en is correct. I understand
Parent/Carer signatu				<u> </u>		
Date						
the purpose of process	sing your ap authorities	plication for and may b	or a s be sha	chool p ared wi	place. The in th the Passe	a Protection Act 1998 for a Protection Act 1998 for a protection will be shared enger Transport Group.
	County Ha	all, Martine	au La	ne, No	rwich NR1 2	2BR
If you have not heard about the outcome of your application within 15 School days of receiving acknowledgement of receipt please contact Children's Services 0344 800 8001						
For Office Use Only			ī		I	1
Term Application	Autumn	Spring	Summer		On	-
Determined (end of) Date:					Receipt	
Local / alternative school	S	availability			SWD]
						-
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