IN YEAR ADMISSION FORM



This form must be used to request admission to our school, during the academic year.

Please ensure that you have read The Good Shepherd Trust's <u>privacy notice for parents and pupils</u> before you complete this form. You should complete a separate form for each child you are applying for.

Please complete all the details in BLOCK CAPITALS, tick the relevant boxes and return this form directly to the school.

1. Childs Details						
FORENAME:	SURNAME:		D.O.B: GENDER:			
CURRENT ADDRESS (inc POST CODE):	ATTACH EVIDENCE	IS YOUR CHILD NEW TO TO UK? YES NO IF YES, PLEASE PROVIDE DATE ARRIVED AND ATTA EVIDENCE:	RECEPTION YEAR 6 YEAR 1 YEAR 7 YEAR 2 YEAR 8 YEAR 9 YEAR 9			
Does your child have an Educational Health & Care Plan (EHCP)? YES NO If your child has an EHCP you should not apply for them using this form. Please contact your named SEN officer or SEND area team in the local authority for more information on the application process.						
Are you a Crown Servant? YES NO If you are UK service personnel or other Crown Servants living abroad with your family, please tick YES. You will need to provide an official MOD, FCO or GCHQ letter declaring your relocation date and address to the school.						
Children in Local Authority Care or Previously in Local Authority Care who immediately after leaving that care, became subject of an adoption, child arrangements or special guardianship order, including those who appear (to the Admission Authority) to have been in state care outside England and ceased to be in state care as a result of being adopted. DOES YOUR CHILD QUALIFY UNDER THE ABOVE STATEMENT? YES NO IF YES, WHICH AUTHORITY IS/ WAS THE CORPORATE PARENT? IF YES, PLEASE PROVIDE US WITH THE NAMES AND CONTACT DETAILS OF ANY PROFESSIONALS ASSOCIATED WITH THIS CHILD:						
2. PARENT/ GUAR	DIAN DETAILS					
TITLE: FORENAME:		SURNAME:				
RELATIONSHIP TO CHILD:	TELEPHONE NUMBER	1:	TELEPHONE NUMBER 2:			
EMAIL ADDRESS:						
DO YOU HAVE PARENTAL RESPONSIBILE DO YOU HAVE THE SAME ADDRESS AS	_		ovide full address below:			

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3. REASON FOR APPLICATION							
Reason (tick appropriate box)	☐ Movir☐ Movir☐ Leavir☐	Moving to the area from outside of the UK Moving to the area from another Local Authority Moving within the Local Authority Area Leaving Private Education) * see below ity:) ive Home Education		
N/B: Please complete a separ	ate Supplementary	ı Information Form as re	elevant to the oversubscrip	tion criteria and	your circumstances.		
*If you have moved from outs	de the UK, is your	child a British Citizen?	☐ Yes ☐ No <u>If yes, </u>	olease attach evi	dence of passport and any visas.		
4. CURRENT	& PREVIC	US SCHOOL	. DETAILS				
CURRENT SCHOOL:		LOCATION:					
REASON FOR LEAVING:				DATE LAST ATTENDED OR STILL ATTENDING:			
PREVIOUS SCHOOL:			LOCATION:				
REASON FOR LEAVING:							
5. PARENT/ C	UARDIA	N DECLARA	TION				
When completing the Admi	ssions application	for your child, please ro	ead the following carefully	and confirm yo	our agreement by signing the		
9	orfeit any place all	ocated to my child. I und			any of the information is found I be only used to help arrange		
given will not be used t	for any purpose oth leagues in the Educ	her than the provision o		hority (LA) and T	and processes. The information rust may share any information will be notified of every		
will:- • Not hold information processed for any pure	about you or your	child that is excessive in longer than necessary.	n relation to the purpose fo	or which it is pro	and further undertake that they cessed and not keep data informed of any changes to your		

Please contact the school if after 10 school days you have not been informed whether a place can be offered. If the school cannot offer a place, a

letter will be sent informing you of the reasons for refusal and the right of appeal. If you have any further questions, please contact

SIGNED PRINT NAME

admin2@stmarys-godalming.surrey.sch.uk. Please return this form directly to the school you are applying for.

• Process your information in accordance with your rights under the Data Protection Act.

DATE

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6. OUTCOME – FOR SCHOOL U	SE ONLY					
Please complete all applicable boxes below and inform the LA of the outcome of the application within two working days.						
DATE FORM RECEIVED SCHOOL NAME	LA DFE NO.					
CHILD FORENAME CHILD SU	JRNAME D.O.B					
PLACE OFFERED	PLACE NOT OFFERED					
DATE OFFERED	WAS A PLACE AVAILABLE? YES NO					
DATE OFFERED	WAS THE CHILD ELIGIBLE? YES \(\square\) NO \(\square\)					
DATE OFFERED	HAVE THEY JOINED YES NO THE WAITING LIST?					
REASON FOR REFUSAL	Where no offer has been made, has the parent/guardian been sent a letter explaining why they have not been offered a place and have they been advised of their right of appeal?					
	YES NO NO NOTES					
WITHDRAWN DATE						
REASON FOR WITHDRAWAL						

Please ensure you answer all questions before returning to Admission Team.