



## Request for In-Year admission to Kirkby College

**THIS FORM SHOULD BE COMPLETED BY THE STUDENT'S PARENT/CARER**

### About your child:

Student's First Name		Legal Surname				
Date of Birth		Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Address		Present School				
		Previous School				
	Post Code					

If you have moved within the last two months, please give previous address

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How long have you lived at your current address

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If you arrived in the UK from another country, please state if this is the first time your child has lived in the UK

	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If 'No', please state when your child previously lived in the UK, and give the name and address of the school they attended

	Date
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Name and address of school


To help us make sure your application is dealt with quickly please complete the following.

Does your child have a Statement of Special Educational Needs

	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Is your child looked after by the Local Authority [in Public Care]?

	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If 'Yes', please give name and contact number of Social Worker:

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Name of Local Authority responsible for the care of the child:

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Has your child ever been permanently excluded from a school?

	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If 'Yes', please give the name of the school(s)


Date(s) of permanent exclusion


Please enter details of any brother(s)/sisters(s) attending school.

Full name	DOB	School attending

Does your child have any mobility/physical disabilities

	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Please give details

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Why do you want your child to move to another school? This information may support your application.

*Please use an additional sheet if you need further space.*

If your request for a change of school is **NOT** as a result of a change of address, please complete the following.

Please give details of the school staff you have worked with to try to resolve your child's present difficulties

Teacher		Tutor		Headteacher		Date contacted

Other [please specify] including date(s)

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If you have not discussed your concerns or tried to resolve your child's difficulties with the present school, we will refer you back to the school before taking any action on your request.

Is your child currently attending school?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If 'No', is your child being home educated?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Your child must continue to attend their present school until a school transfer takes place, failure to do so may result in court action.

### Your details

Mr	Mrs	Miss	Ms	Dr	Other
Forenames			Surname		
Your relationship with the child			E-mail		
Address					
			Post Code		
Home telephone-No			Mobile No		

Please provide telephone numbers and e-mail address in case we need to contact you about your application. You do not have to tell us but it will help us to contact you quickly if we have a question about your application.

### I confirm that:

- I wish to make an application for Kirkby College.
- I certify that I am the person with parental responsibility for the child named on page one of this form and that all the information given on the form is correct.
- I understand that my child's place may be withdrawn if it is proven to have been obtained on the basis of fraudulent or misleading information.
- I enclose proof of permanent residency for the home address given.

Signature	Date
Parent/Carer	
Print Name	

Return to: Kirkby College, Tennyson Street, Kirkby in Ashfield NG17 7DH