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| School application for children in reception to year 11 at schools and academies maintained by Manchester City Council | | | | | web  Children, Families and Education Services Directorate | | |
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| If you have any questions regarding this form please read the attached notes of guidance. If you still have questions you can contact the School Admissions Team by:  **Phone**: 0161 245 7166 **Email**: [school.admissions@manchester.gov.uk](mailto:school.admissions@manchester.gov.uk) **Web**: www.manchester.gov.uk/admissions  **Please Note**   * Section D must be completed by your child’s current school/academy. Any incomplete forms will be returned to the parent/carer. * If you are new to the UK please complete sections A, B and C only. You will need to provide a form of identification to clarify your child’s date of birth, e.g. a photocopy of a birth certificate/home office ID card. * This form must be completed using BLOCK CAPITALS. | | | | | | | |
| Section A. Child details | | | | | | | |
| Child’s surname |  | Child’s forename |  | Date of birth | | | |
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| Circle as appropriate | | | |  | | | |  | | |
| Gender | Male | Female |  | Is the child new to the UK? | Yes | No |  | Baptised Catholic | Yes | No | |
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| Is the child currently or previously a looked after child?\* | | | | | | | | | Yes | No | |
| Is the child subject to a private fostering arrangement?\* | | | | | | | | | Yes | No | |
| \*Please see the Notes of Guidance for further information on these questions. | | | | | | | | | | | |

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| Home address: this must be the child’s normal place of residence |
| Postcode: |

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| Section B. School/academy details | | | | | | | | | | | |
| Name of requested school/academy  *We would advise you name at least 3 schools/academies. You can name more if you wish.* | | | | | 1.  2.  3. | | | | | | |
| Reason for requesting a new school/academy (continue on a separate sheet if necessary) | | | | | | | | | | | |
| Do you have another child already attending the preferred school/academy?  If yes, please enter their details below. | | | | | | | | | | | |
| Surname | | Forename | | | | Date of birth | Relationship to applicant | | | | |
|  | |  | | | |  |  | | | | |
| Section C. Parent/Carer details | | | | | | | | | | |
| Parent/carer surname | | |  | Parent/carer forename | | | |  | Relationship to child | |
|  | | |  |  | | | |  |  | |
| Email address | | |  | Home telephone number | | | |  | Mobile telephone number | |
|  | | |  |  | | | |  |  | |
| Please inform us if any other agencies are involved with the child, e.g. Social services, educational psychologists, youth offending team, etc. Continue on a separate sheet if necessary | | | | | | | | | | | |
| Agency | | |  | Named contact | | | |  | Contact telephone number | |
|  | | |  |  | | | |  |  | |
| I declare that all the information I have provided is true. I understand that any school place offered on the basis of fraudulent or intentionally misleading information will be withdrawn. I consent to the information given on this form being shared with appropriate agencies. | | | | | | | | | | | |
| Signed |  | | | | | | |  | Date |  | |

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| Section D. Current/Previous school/academy information  (Leave this section blank if the child is new to the UK)  To be discussed with and completed by the headteacher/principal of the current school/academy. If questions 4-11 are answered yes or question 12 answered no, the headteacher should attach further information. | | | | |
| 1. Name of current/previous School/Academy |  | | | |
| 1. How long has the pupil attended your school/academy? |  | | | |
| 3. Is the pupil still attending? | Yes | No –Date Last Attended: | | |
| 4. Does the pupil have an Education Health and Care Plan (EHCP)? | | | Yes | No |
| 5. Does the pupil have a current pastoral support plan in place, parenting contract or order for behaviour or attendance? | | | Yes | No |
| 6. Is the pupil subject to a child protection plan? | | | Yes | No |
| 7. Does the pupil have an Early Help Assessment (EHA) in place? | | | Yes | No |
| 8. Has the pupil been permanently excluded from two or more schools? | | | Yes | No |
| 9. Has the pupil attended a Pupil Referral Unit (PRU) during the last 12 months? | | | Yes | No |
| 10. Has the pupil resided within a local authority secure children's unit within the last 6 months? | | | Yes | No |
| 11. Has the pupil received any fixed term exclusions in the past 12 months? **If yes please give details** | | | Yes | No |
| 12. Do you support the parent’s request to transfer their child? | | | Yes | No |

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| Headteacher/nominated representative signature |  | Position | | |  | School/Academy stamp |
|  |  |  | | |  |  |
| Print name |  | Date | | |  |
|  |  |  | | |  |
| Contact number |  | Additional information attached? | | |  |
|  |  | Yes – Pages: |  | No |  |
| |  |  | | --- | --- | | Please return this form by post: | or in person: | | School Admissions  Manchester City Council  PO Box 532  Town Hall Extension  Manchester M60 2LA | Customer Contact Centre  Manchester City Council  Ground Floor  Town Hall Extension  Albert Square  Manchester M60 2LA (satnav M2 5DB) | | | | | | | |