School application for children in reception to year 11 at schools and academies maintained by Manchester City Council



Directorate for Children and Commissioning Services

If you have any questions regarding this form please read the attached notes of guidance. If you still have questions you can contact the Integrated Admissions Team by:

Phone:0161 245 7166 Email: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.

hild's Surname:		Child's Forename:			Date of birth:		
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cle as appropriate							
nder: Male	Female	Is the child new to the	ne UK? Yes	No	Baptised Cath	nolic: Yes	No
he child currently o	r previously a look	ed after child?*				Yes	No
the child subject to a private fostering arrangement?*						Yes	No
ease see the Notes	of Guidance for fu	urther information on t	hese questions	3.			
me address: this n	nust be the child's	normal place of reside	ence				
tcode:							
ection B. So	chool/acade	my details					
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		2.					
		3.					
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				necess	ary)		
you have another o	child already attend	ling the preferred scho	ool/academy?				
you have another ones, please enter the rname:	child already attend	ling the preferred sch			ationship to appl	licant:	

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 I understand that any school place offered on the basis of fraudulent or intentionally misleading information will be withdrawn.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: 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. Name of current/previous School/Academy 2. 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 a statement of special educational needs? 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 a common assessment framework (CAF) 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 Headteacher/nominated representative Position: signature: School/Academy stamp: Print name: Date: Contact Number: Additional Information Attached? Yes - Pages: No Please return this form by post: or in person: Integrated Admissions **Customer Contact Centre** Manchester City Council Manchester Contact Centre P.O. Box 532

Town Hall Extension Manchester M60 2LA

Town Hall Extension Albert Square Manchester M60 2LA