



St. James' Church of England Primary Academy

We grow together, through God we are Giving, Loving and Honest

APPLICATION FOR CASUAL IN-YEAR ADMISSION

Please complete all details in BLOCK CAPITALS and tick the relevant boxes

Please return directly to the School Office

CHILD'S DETAILS

Forename(s):		Surname:	
Date of Birth:		Year Group:	
First/Home Language:		Gender:	Male / Female
English Additional Language:	YES	NO	

Is this child a Looked After Child?	YES	NO
If yes, please state name of Local Authority:		
Name of Social Worker:		
Telephone Number of Social Worker:		

PARENT/CARER DETAILS

Title:		Forename:		Surname:	
Relationship to Child:					
Home Address:					
	Postcode:				
Home Telephone Number:					
Work Telephone Number:					
Mobile Telephone Number:					
Email Address:					

CURRENT OR PREVIOUS SCHOOL

Name of School:			
Address:			
	Postcode:		
Telephone Number:			
Is your child still on roll?	YES	NO	
Is your child still attending:	YES	NO	

If your child has attended a Medway school previously or has been withdrawn from school to be educated otherwise, for example, home educated, please give details (name of school and dates attended):

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Reason for change of school:

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Please give details of the pupil's attendance for the last two academic years, including any reasons for poor attendance:

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CHILD'S NEEDS

Does your child have SEN support?	YES	NO
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Does your child have an EHCP?	YES	NO
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Are there any external agencies involved (e.g. Children's Services, Children's Health, Speech and Language, OT etc)?
If yes, please give details below:

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Does your child have any medical requirements:	YES	NO
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Are yes, please give details below:

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Signed (Parent / Carer):

Print Name:

Date:

SCHOOL USE ONLY:

Form Received:

Pre-Admission Meeting with HT:

Offer Letter and Admission Forms Sent:

Completed Forms Received:

Start Date:

Pupil Placed on Waiting List: