

The Matthew Arnold School

Application for In Year Admissions



1. Child's details

a) Child's surname			
b) Child's first name			
c) Child's middle name(s)			
d) Child's date of birth	/...../.....	
e) Gender		Male / Female	
f) Date school place is required	/...../.....	
g) Child's home address - this must be the child's normal place of residence and not a relative's or carer's address		Postcode:	
h) Date the child moved to this address	/...../.....	
i) Previous Address – if child has moved within 2 years		Postcode:	
j) Name and address of current school - If not currently in school, please put N/A and tell us about previous schools in l) below		Postcode:	
k) Date started at current school	/...../.....	
l) Other schools attended Please name all schools previously attended before the current school			
Name of School	Address	From	To
m) Reason for applying for a change of school, or if not currently in school, the reason for leaving previous school			
n) Is the child in the care of a local authority?		Yes / No	
If Yes, you should not complete this form but should refer to the child's social worker to complete Surrey's separate form 'Child in care application for in year admission to school'.			
o) If No, has the child previously been in care and did they leave care through adoption, a special guardianship order or a residence order?		Yes / No Local authority (please state the name of the local authority and provide evidence)	
p) Does the child have a statement of special educational needs?		Yes / No	
If Yes, you should not complete this form but should refer to the child's special educational needs case officer for details on how to apply for a school place.			
q) Does the child have any restrictions on their residency in the United Kingdom? If Yes, please see guidance notes		Yes / No	
r) Are there any exceptional medical or social reasons for choosing The Matthew Arnold School ?		Yes / No	
s) Name and date of birth of any siblings for whom you wish to claim sibling priority			

2. Parent/guardian/carer's details

a) Title		b) First name		c) Surname	
d) Address (if different from child's address)				Postcode:	
e) Telephone numbers:					
Day		Evening		Mobile	
f) Email address					
g) Do you have parental responsibility for this child? (please see guidance notes)					Yes / No
h) Relationship to child:					
<input type="checkbox"/> Mother		<input type="checkbox"/> Father		<input type="checkbox"/> Step parent	
<input type="checkbox"/> Carer		<input type="checkbox"/> Social worker		<input type="checkbox"/> *Other relative	
<input type="checkbox"/> *Other contact		*Please add more details			
i) Are you working as a Crown Servant or in Her Majesty's Armed Forces? If Yes, you must provide evidence to support this)					Yes / No
j) Are you also making an application for any other children who are part of the same family? If Yes, please confirm their names and dates of birth so that, if appropriate, their applications might be considered together					Yes / No
					1. Name DOB
					2. Name DOB
					3. Name DOB

3. Fair access admissions

The local authority must ensure that children without a school place and vulnerable and challenging pupils are found a suitable school quickly. In order to establish the most appropriate placement for each child we need to ask additional questions of all applicants.

a) Has the child ever been permanently excluded from school?	Yes / No
b) Has the child had any fixed term exclusions?	Yes / No
If Yes to a) or b) please attach a separate sheet giving dates and reasons for the exclusion(s)	
c) Does the child have any special educational needs (but without a Statement of SEN)? If Yes, please provide evidence	Yes / No
d) Does the child have a disability or medical condition which has impacted on their attendance or participation at school? If Yes, please provide evidence and confirm how it has impacted on attendance or participation at school	Yes / No
e) Is the child subject to a child protection plan or a child in need plan? If Yes, please provide evidence	Yes / No
f) Is the child a carer? If Yes, please provide details	Yes / No
g) Is the child a refugee or an asylum seeker? If Yes, please confirm the date of entry to the UK and provide evidence of status	Yes / No/...../.....
h) Is the child a registered Gypsy, Roma or Traveller? If Yes, please confirm the contact details of the caseworker within the traveller service	Yes / No
i) Is the child returning from the criminal justice system? If Yes, please confirm the contact details of the caseworker within youth offending team	Yes / No
j) Please give details of other individuals or groups who have worked / are currently working with the child (e.g. social worker, youth offending team, community incident action group (CIAG) etc. Please give contact details if possible)	

4. Emergency Contact Details

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an **emergency**. Place them in the order that you wish for them to be contacted.

Priority	Name / Relationship	Home Address / Phone / Mobile	Work Address Phone / Email
1		Tel: Mobile:	Tel: Email:
2		Tel: Mobile:	Tel: Email:

Medical Condition(s)

Medical Note(s)

a. Is medication/treatment required during school time? **Yes/No**
 b. If **Yes**, do you give consent for medication to be administered by a member of staff? **Yes/No**
(If Yes, you will be required to complete details on a separate form)
 c. Medication will not be administered without written consent from the parent
 d. It is the parent's responsibility to make sure that medication is handed to a member of the administrative staff in the School Office, clearly marked with the child's name and instructions, and to make sure that all medication is within date
 e. Please attach any documentation you feel it would be helpful for school to keep with this record

Pupil Assessed as Disabled? Yes/No

Medical Practice:

Address:

Telephone Number:

Dietary Needs

Dietary Preferences

Travel Arrangements

Please tick the appropriate means of transport

Bicycle Car Yellow Bus Taxi Walks Public Road transport Train

Ethnicity :		Nationality:	
Home Language:		First Language:	
Religion:			

Data Protection Act 1998: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Education Authority and with DfE.

5. Declaration of parent/guardian/carer

I wish to apply for a place at The Matthew Arnold School. I certify that the information given is true to the best of my knowledge and belief. I understand that if I give any false or deliberately misleading information on this form and/or supporting documents, or withhold any relevant information, this may render my application invalid and/or lead to the withdrawal of an offer of a school place for my child. I understand that it is my responsibility to provide full information to the school and that I will notify the school of any changes to the details on this form or accompanying evidence as soon as they occur, including any change of address. I understand that the school will share details of my application with Surrey County Council.

Name:

(Please print name of parent/guardian/carer)

Signature: **Date:**

The next steps - you should now ensure that you have enclosed the following information:

- A copy of your current council tax bill/tenancy agreement and a recent utility bill to confirm residence
- Professional evidence to support a social or medical priority application
- If the child is not a British citizen or EEA national, a copy of the child's passport, visa and any relevant Home Office documentation. **NB:** Places cannot be offered until the child is resident in the UK
- If you are not the child's parent and the child is not in the care of a local authority, a letter from the parent to explain the circumstances, or a copy of the official documentation to show legal guardianship of the child
- Completed Headteacher Statement from current/previous school (Section 6 below)
- A copy of the child's latest school report, if in English

YOUR APPLICATION WILL NOT BE PROCESSED UNTIL ALL INFORMATION IS RECEIVED

Please return the completed form and supporting evidence to:

**Miss N Walker, The Matthew Arnold School Kingston Road, Staines - Upon - Thames, TW18 1PF
01784 429618 – nwalker@matthew-arnold.surrey.sch.uk**

Personal Information Policy - Surrey County Council ('The council') respects your rights and is committed to ensuring that it protects your details, the information about your dealings with the Council and other information available to the council ('your information'). In accordance with the Data Protection Act 1998, the council will use your information, for the purpose of processing your application for a school place, to: (a) deal with your requests and administer its departmental functions, (b) meet its statutory obligations, and (c) prevent and detect fraud. The council may share your information (but only the minimum amount of information necessary to do the above and only where it is lawful to do so) within the Council (including elected members, other admission authorities, central government departments, borough and district councils, law enforcement agencies, statutory and judicial bodies, community service providers, contractors that process data on its behalf and medical advisors). The council may also use and disclose information that does not identify individuals for research and strategic development purposes. The full data protection policy is available on our website at www.surreycc.gov.uk.

6. Headteacher statement from current/previous school

Please continue any section on a separate sheet if necessary

a) Child's name				DOB					
b) What date was the child put on roll at your school?									
c) Is the child still on roll at your school? Yes / No									
d) If the child has already left your school, please give the date the child last attended, the child's leaving date and reasons for leaving									
e) If the child has not yet left your school, have you discussed with the parent their reasons for wishing to change school? If so, please give details of those reasons, what support you have provided and indicate whether or not you believe a change of school is appropriate									
f) Attendance rate				Current academic year: %		Previous academic year: %			
If unsatisfactory, what may have affected attendance?									
g) Is the child on the SEN register? Yes / No									
If Yes, what stage and category?									
h) Results of tests at KS2				Results of tests at KS3					
English		Maths		English		Maths		Science	
i) Please give details of any exclusions relating to this child, including dates and reasons									
Dates		Length		Reason					
to									
to									
to									
to									
j) If the parent has given 'bullying' as a reason for leaving or transferring, please give details below, including actions taken by the school in association with the family to help resolve this									
k) Have you had cause to liaise with any other professionals/educational specialists regarding this child? If so, please indicate the services involved and the reasons									
l) In considering the application for a school place, do you have any other comments to make to enable us to make a decision relating to the placement/level of support required?									
Name				School stamp					
Position within School									
Name of school									
Telephone number									
Email Address									
Date									

Please return this form to the parent