

# Request for admission to THE SOUTH WOLDS ACADEMY AND SIXTH FORM



This form should be completed by the child's parent/carer with parental responsibility admission application or consideration of a change of school.

## ABOUT YOUR CHILD

Surname (as appears on birth certificate)		Forename	Preferred Name
Date of birth		Year Group	Male / Female
Address <small>(this must be the address at which your child is permanently living)</small>	Post code:		
Child's previous address <small>(if moved within the last 2 months)</small>	Post code:		
Current school			
Date your child last attended school			
If you arrived in the UK from another country, is this the first time your child has lived in the UK	Yes / No		
If 'No', please state when your child previously lived in the UK			
Country of birth and nationality			
Home Language			
Proficiency in English			
Name and address of school attended outside the UK			

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 or an Education, Health and Care Plan?	Yes / No
Does your child have any mobility/physical disabilities? If 'Yes, please give details:	Yes / No
Is your child 'looked after' by the Local Authority	Yes / No

If 'Yes', please give the name of the Local Authority responsible for the care of your child	
Has your child ever been permanently excluded from school	Yes / No
If 'Yes', please give the name of the school	
Date of permanent exclusion	

Why do you want your child to move to another school?

**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 / Head of Year	Date of contact :
Deputy Head / Head Teacher / Principal	Date of contact :
Other (please specify including dates)	

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 / No
If 'No', is your child being home educated?	Yes / No

Your child must continue to attend their present school until a change of school takes place as failure to do so may result in Court action.

**Has your child attended any other schools:**

Name of school	Date of leaving	Reason for leaving

**SIBLINGS**

Please enter details of any brothers or sisters attending school:

Name	Date of Birth	School attending

**PARENT/CARER(S)**

Name of parent/carer		
Title	Mr / Mrs / Ms / Dr	Other:
Parent address (if different from the child's address)	Post code:	
Your relationship with the child		
Email address		
Home telephone number		
Mobile number		

**I confirm that:**

- I wish to make an application for The South Wolds Academy and Sixth Form
- I certify that I am the person with parental responsibility for the child named on page 1 of this form and that all the information given on this 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 on this application**

Signed ..... (Parent/Carer) Date .....

Print name .....

**PLEASE RETURN THIS APPLICATION TO:**

**Admissions Department, The South Wolds Academy and Sixth Form, Church Drive, Keyworth, Nottingham NG12 5FF or Email [ctill@southwolds.notts.sch.uk](mailto:ctill@southwolds.notts.sch.uk)**