



# Stanchester Academy

## APPLICATION FOR A SCHOOL PLACE AT STANCHESTER ACADEMY DURING THE ACADEMIC YEAR

### PLEASE READ THESE NOTES BEFORE COMPLETING THIS FORM

This form should be used by parents\* requesting a transfer to Stanchester Academy during the school year. You must complete a separate application for each child.

\*A 'parent' is defined in education law as including all natural parents, including those who are not married; any person who has parental responsibility and any person who has care of a child.

All relevant sections of the form **must** be completed as fully as possible or the form will be returned to you. Applications will be processed in date order and a decision will be notified in **writing** to the applicant within ten school days.

### Part 1 - Student Details

<b>Child's Legal Surname:</b>		<b>Child's Forename(s):</b>	
.....		.....	
<b>Date of Birth:</b>		<b>Male / Female (please circle)</b>	
.....			
<b>Current Address:</b>		<b>(If applicable)Address moving to:</b>	
.....		.....	
.....		.....	
<b>Postcode:</b>	<b>Date since</b>	<b>Postcode:</b>	<b>Date if moving:</b>
.....	.....	.....	.....
<b>Name and address of current/previous school:</b>			<b>If not currently attending school, last date attended:</b>
.....			.....
<b>Year Group:</b>			
.....			

### Part 2 – Supporting Information

Your answers to the following questions are very important and the school will use this information in conjunction with the appropriate published over-subscription criteria to help determine whether your child has a priority for a place at Stanchester Academy.

1a. Has your child previously been in care and is now formerly adopted?	<b>YES/NO</b>
1b. Is this application for a child currently in the care of a Local Authority?	<b>YES/NO</b>
If <b>Yes</b> , which Local Authority? :	.....
Name of Social Worker:	.....
Contact Number:	.....
If you have answered <b>Yes</b> to either of the questions above, has the Virtual School been consulted about a change of school? <b>YES/NO</b>	
If No please ensure you send a copy of this application form to <a href="mailto:thevirtualschool@somerset.gov.uk">thevirtualschool@somerset.gov.uk</a> before submitting this form to Stanchester Academy	

2. Does your child have an Education Health and Care Plan? **YES / NO** (please circle)

If **YES** please speak to the SEN Casework Team by contacting 0300 123 2224. **If your child does have an Education Health and Care Plan you do not need to complete this form.**

If **NO**, do you believe there are important medical or special needs reasons why a place should be allocated at Stanchester Academy? (This does not guarantee a place, but the school may need to consider this information in connection with published over-subscription criteria) **YES / NO** (please circle)

Does your child have any specific disability of which the school should be aware? If Yes, please supply any relevant information. **YES / NO** (please circle)

3. Does your child hold EEA (European Economic Area) citizenship? **YES / NO** (please circle)

If you have indicated '**No**', please attach a copy of your child's immigration documents.

4. Will there be any siblings on roll at Stanchester Academy at the time the school place is required? The sibling(s) must be resident at the same address.

If **YES** please provide details of each sibling(s):

Child's Legal Surname:.....	Child's Forename(s): .....
Date of Birth: .....	Male / Female (please circle)
Child's Legal Surname:.....	Child's Forename(s): .....
Date of Birth: .....	Male / Female (please circle)

5. Are either parents/carers members of staff at Stanchester Academy? **YES/NO** (please circle)

6. Fair Access Criteria – please tick if any of the following applies to your child. (Please note that ticking one of the boxes below does not guarantee a place at Stanchester Academy. It will enable the Fair Access Protocol to be invoked should you be unable to secure a school place under the normal in year admission process)

a) Children from the criminal justice system or Pupil Referral Unit or alternative provision who need to be reintegrated into mainstream education	
b) Children who have been out of education for two months or more	
c) Children of Gypsies, Roma, Travellers, refugees and asylum seekers	
d) Children who are homeless	
e) Children / family working with Children's Social Care or Health professional	
f) Children who are carers	
g) Children with special educational need, disabilities or medical conditions (but without statement)	
h) Children known to the police or a number of other agencies	
i) Children who have to move school because of domestic violence (whether staying in a refuge or with friends/other relatives)	
j) Children in Year 6 and Year 10 pupils (from summer term)	
k) Children in Year 11	
l) Children of UK Service Personnel	
m) Any other children who arrive in Somerset outside the normal admissions round who have difficulty securing a place	
n) Children at risk of permanent exclusion from school	
o) Children whose behaviour is a cause for concern	
p) Children with poor attendance of 85% or less in the current or previous academic year	

**Part 3 – Additional Information**

This information will not be used to make a decision as to whether or not a place is offered. This information will be used to assist Stanchester Academy with planning for your child’s admission.

**Reason for leaving current/previous school**

Permanently excluded  Fixed term excluded  Other  (Please provide details)

Why do you want your child to change school? (Please give as much further information as you can, using a separate sheet if required.)

I have discussed my reasons for wanting to change school with my child’s current school.  
**YES/NO** ( please circle)

If applicable, please provide the name of the person(s) you have spoken to at your child’s current school –

Date(s) of any meetings -

Have any of the following services been involved with your child in the last 3 years? **YES / NO** (please circle)

*(Please tick all relevant boxes below)*

- Parent Family Support Advisor (PFSA)  Access Liaison Officer
- Medical tuition team  Educational Psychologist
- Children’s Social Care  Child and Adolescent Mental Health Service
- Behaviour Support Worker  Physical Impairment Team
- Elective Home Education Team  Traveller Education Service
- Safeguarding Children Team  Speech, Language and Communication Team,
- Autism Team  Children's Autism Outreach Team

Other – (Please specify) \_\_\_\_\_

Is your child attending school regularly? Yes  No  Attendance percentage (if known) .....  
If no is an Education Attendance Officer involved? Yes  No

If your child is not attending regularly, please state why.

#### **Part 4 – Applicant’s Details**

Title: Mr/Ms/Mrs/Miss/Other (please state)	
Forename:	Surname:
Relationship to child:	
Address (if different from child's):	
Daytime Tel No:	Mobile Tel No:
E-mail Address:	<b>Do you have legal Parental Responsibility for this child? (please circle) YES / NO</b>

#### **Part 5 - Declaration**

I understand that applications must be made by the child's legal parent/carer and that by signing the declaration below I will be confirming my understanding of the information provided on this application form and that the information I have provided is correct. I accept that the Admission Authority reserves the right to withdraw school places which have been obtained by providing incorrect or misleading information. I understand that it is the parent's responsibility to ensure that the Admission Authority receives the completed application form safely. I note that it is recommended to send my application form by Special Delivery post, or obtain a proof of posting certificate, or a receipt from Stanchester Academy if my application is hand delivered.

I accept that where parents equally share parental responsibility and two applications are submitted for the same child, the Admission Authority will require the parents to agree which application is to be considered and which should be withdrawn. If parents cannot agree and there is no court order to determine majority responsibility, the preferences indicated by the parent who receives child benefit for the child concerned will be awarded a higher priority than those from the other parent. I accept that the child's home address must be the place where the child permanently resides for the majority of the time. This would normally be at the same address as the person who has Parental Responsibility for the child and is their main carer. Where the child spends equal amounts of time with both carers, the Admissions Authority will consider the place of residence of the parent/carer who receives Child Benefit to be the child's home. Evidence of parental responsibility will be required should there be doubt and the Admissions Authority may undertake thorough residency checks and reserves the right to request independent confirmation of the child's address.

#### **Notification regarding the processing of any personal data supplied in this form**

**Data Controller:** Mrs Amy Jones (Headteacher Stanchester Academy) and Somerset County Council

**DPO contact** – [informationgovernance@somerset.gov.uk](mailto:informationgovernance@somerset.gov.uk)

**Purpose for processing:** The information that you give on this form will be used by Stanchester Academy for the purpose of processing your application for a school place for your child. **Legitimate Interests:** For the prevention and detection of crime (Fraud Act 2006) and to help improve services. **Data Sharing** – the personal data provided will be shared with Somerset County Council and may also be shared with other SCC service providers, the Department for Education, Somerset County Councils software supplier and School Appeal Panels. **Data Retention:** The personal data supplied on this form will be retained for as long as is necessary to meet our statutory requirements and legitimate interests and it will be disposed of in a manner appropriate to its sensitivity. **Your Rights:** You have the right to ask Stanchester Academy for a copy of your data, the right to rectify or erase your personal data, and the right to object to processing. However these rights are only applicable if Stanchester Academy has no other legal obligation concerning that data. You also have the right to complain to the regulator <https://ico.org.uk/>

**Consequences:** For sections 1 to 5: If you do not supply this information to us, we will not be able to process your application for a school place for your child.

For more information see [www.somerset.gov.uk/privacy](http://www.somerset.gov.uk/privacy)

<b>Signature of Parent/Carer/Guardian:</b> ..... <b>Date:</b> .....
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#### **Part 6 – Submitting your application form**

When you are satisfied that you have provided all the relevant information on your application form and any necessary Supplementary Information Form(s) including proof of address, please ensure that you have signed the declaration in Part 6 and then submit your completed application to **Stanchester Academy, East Stoke, Stoke sub Hamdon, TA14 6UG**

***This information will not be used to make the decision whether or not to offer your child a school place and will only be used for the purposes of assisting Stanchester Academy with planning for your child's admission.***

**Part 7 – Information for your child's current or previous school to complete**

**In Year Admissions Additional Information**

**Please ask an appropriate member of staff at your child's current school, for example the Headteacher or Head of Year to complete and sign this form and return this section with your application form.**

Student's name	Date of Birth
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Attendance %	Period covered
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Special Needs					
School Action	Yes	No	School Action Plus/pupil specific funding	Yes	No
Individual Education Plan or Pastoral Support Plan	Yes	No	Statement	Yes	No

Agencies involved –

N.C. SATS Levels	Maths	English	Science
KS1			
KS2			
KS3			

CATS Score	Verbal	Non Verbal	Quantitative	Mean
Options for Y10/11students				

Student Strengths/Interests/Achievements

Is the student – please indicate based on the student's last progress report

Academically confident	YES	1	2	3	4	5	No
Stable peer relationships	YES	1	2	3	4	5	No
Well motivated	YES	1	2	3	4	5	No
Behaviour	YES	1	2	3	4	5	No

Medical history / concerns

Other relevant information you would like to make the receiving school aware of:

Print name: .....

Position in school: ..... Signature: .....