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| School application for children in reception to year 11 at schools and academies maintained by Manchester City Council | webChildren, Families and Education Services Directorate |
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| If you have any questions regarding this form please read the attached notes of guidance. If you still have questions you can contact the School 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.
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| Section A. Child details |
| Child’s surname |  | Child’s forename |  | Date of birth |
|  |  |  |  |  |  |  |

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| --- | --- | --- |
| Circle as appropriate |  |  |
| Gender | Male | Female |  | Is the child new to the UK? | Yes | No |  | Baptised Catholic | Yes | No |
|  |  |  |  |  |  |  |  |  |  |  |
| Is the child currently or previously a looked after child?\* | Yes | No |
| Is the child subject to a private fostering arrangement?\* | Yes | No |
| \*Please see the Notes of Guidance for further information on these questions. |

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| Home address: this must be the child’s normal place of residence |
|  Postcode:   |

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| Section B. School/academy details |
| Name of requested school/academy*We would advise you name at least 3 schools/academies. You can name more if you wish.* | 1.2.3. |
| Reason for requesting a new school/academy (continue on a separate sheet if necessary) |
| Do you have another child already attending the preferred school/academy? If yes, please enter their details below. |
| Surname | Forename | Date of birth | Relationship to applicant |
|  |  |  |  |
| 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 |  |

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| 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. |
| 1. Name of current/previous School/Academy
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| 1. How long has the pupil attended your school/academy?
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| 3. Is the pupil still attending? | Yes | No –Date Last Attended: |
| 4. Does the pupil have an Education Health and Care Plan (EHCP)? | 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 an Early Help Assessment (EHA) 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 |

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| Headteacher/nominated representative signature |  | Position |  | School/Academy stamp |
|  |  |  |  |  |
| Print name |  | Date |  |
|  |  |  |  |
| Contact number |  | Additional information attached? |  |
|  |  | Yes – Pages:  |  | No |  |
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| Please return this form by post: | or in person: |
| School AdmissionsManchester City CouncilPO Box 532Town Hall ExtensionManchester M60 2LA | Customer Contact CentreManchester City CouncilGround FloorTown Hall ExtensionAlbert SquareManchester M60 2LA (satnav M2 5DB) |

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