

Sefton A1 Admission Form - Checklist

N.B. YOUR APPLICATION MAY NOT BE PROCESSED IF THE A1 FORM IS INCOMPLETE OR WITHOUT THE APPROPRIATE EVIDENCE

Boxes 1- 5 must be checked. Your Application will be marked as incomplete and **MAY NOT** be processed if your A1 form is incomplete or without appropriate evidence. **In completing this application, you understand that it is your responsibility, as the parent/carer, to provide the information requested.**

Before signing and returning the A1 form, please ensure that you have:

1.	<input type="checkbox"/>	Read the enclosed Guidance Notes.
2.	<input type="checkbox"/>	Completed <u>all</u> sections of the A1 form.
3.	<input type="checkbox"/>	<p>Enclosed proof of your address:</p> <ul style="list-style-type: none"> • You <u>must</u> provide proof of your new address if you have <u>already</u> moved into Sefton from another authority, or moved to a new address within Sefton, or evidence of your proposed address if you are scheduled to move into or within Sefton, in the next 4 weeks. • The evidence of a house purchase (exchange of contracts/solicitor's letter) or long-term tenancy, and independent evidence which confirms you are, or will be, residing at your new address, <u>must be received by the Local Authority or we may not be able to process your application. We can accept this no sooner than 4 weeks prior to the expected moving date.</u> • You may also be asked to provide evidence of the disposal of your previous property. • If you are moving in with family members or friends, please clearly state this on your application form. We will require proof that the family are residing at the address stated e.g. copies of bank statements, driving licence, utility bills, council tax.
4.	<input type="checkbox"/>	Provided a working e-mail address (Sefton's primary way of communicating with applicants).
5.	<input type="checkbox"/>	Signed the declaration in part 13 (page 5) to authorise the application to be processed.
6.	<input type="checkbox"/>	OPTIONAL - signed the consent in part 14 (page 6) if you agree to share information with a view to the Local Authority providing Early Help or support services for the child or family (this is optional).



PAGE LEFT INTENTIONALLY BLANK

Sefton A1 Admission Form

Application for In Year Admission to a Sefton School

Please read the In Year Admission Guidance Notes before completing this form
This form should only be completed by parents/carers who require a place for their child at a **Sefton School** due to a **house move**

1. Child's Details

Child's First Name(s)

Child's Surname/Last Name

Child's Date of Birth

DD / MM / YYYY

Male

Female

Current
Year
Group

(please circle)

Primary:	Rec	1	2	3	4	5	6
Secondary:	7	8	9	10	11		

Current
Address

.....
.....
Post Code

This must be the address where the child normally lives. If parents share custody, please state this giving both addresses on a separate sheet of paper..

Previous
Address

.....
.....
Post Code

Date moved from previous address

2. Change of Address

Proof of your new address is required

(please refer to the A1 checklist & the Guidance Notes)

Proposed
new
address, if
not current
address

.....
.....
Post Code

Date of proposed move to new address



3. Current or most recently attended school and Free School Meals

Name of child's current or most recently attended school

Address and phone number of current or most recently attended school

Is your child still attending this school? Yes No

If **NO**, please state his/her last day of attendance

(If you are moving from overseas, please attach the most recent school report/education information that you may have)

Is your child currently receiving Free School Meals (FSM)? Yes No

If you already receive Free School Meals from Sefton LA, the meals should transfer to the new school.

If you have moved from another Local Authority, please provide your details below and we will process this application for FSM at the same time as your request for a school place.

Parent/Carer NI Number (for FSM application only)

Parent/Carer DOB (for FSM application only)

4. Reason for application (please tick)

Date school place is required

New arrival from another UK area
(Please specify area)

New arrival to Sefton from overseas.
(Specify Country and **child's nationality**)

Tick if non EU Citizen
(Specify Country)

Permanent exclusion from

Home Educated (please state date)

Home Educated Since

UK Service personnel deployment/
Crown assigned move

NB. Official MOD letter required

Please note if you are a new arrival in to Sefton from another country, we may request proof of the child's date of birth to ensure they are admitted in to the correct chronological age group - a passport will suffice.



5. School Preferences

Please write the name of up to 3 **Sefton** schools, and list them in the order you prefer. You can also give reasons for your preference, if you wish to do so.

Does this child have any siblings of school age?

Yes

No

If yes, name of sibling:

Sibling DOB:

Name of school sibling is attending:

Sefton School Preferences:

If you have more than one choice please state in order of preference. You can also note the reason(s) for each preference if you wish.

I would like my child to attend:

Reason(s) for Preference:

1. _____	_____
2. _____	_____
3. _____	_____

Have you already attended an appeal hearing for any school listed above? No Yes (if yes, when

When would you like your child to start school?

6. Parent/Carer's Details (please tick)

Mr Mrs Miss Ms Other (please specify)

First Name Surname

Relationship to child (please tick)

Mother Father Step Parent Foster Parent Social Worker Other (Please specify)

Contact Address
(only if different to child)

.....	Post Code
-------------------------	--------------------

If address is different you **must** provide proof of guardianship of the child and a further explanation ie proof in the form of an official letter from Child Benefit or Child Tax Credit.

Day Tel No:

Evening Tel No:

Mobile Tel No:

Email* Address:

Please ensure contact details provided are working and up to date (please advise of any changes). ***We will primarily use your e-mail address for correspondence to you – please ensure you provide a clear, working e-mail address if you have one.**



7. Looked After or Previously Looked After Children / Care Orders

Does a Local Authority have parental responsibility for this child? Yes No

If yes, please state which Local Authority and the contact details for the Social Worker responsible for the child.

Is your child previously looked after but now adopted from care? Yes No

Is your child subject to a residential order or special guardianship order? Yes No

If yes, please give the name of their Social Worker:

.....

8. Social/Medical and Special Educational Needs

Does your child have an Education, Health and Care Plan (EHCP) ? Yes No
If yes, we will forward your application to the SEN & Inclusion Team

Is there an exceptional medical or social need for your child to attend a particular school? Yes No

If yes, please attach a letter explaining why your child should attend a particular school.

9. Faith Information

Please state the child's religion if you are applying for a faith school.

10. Fair Access Criteria – Please refer to the Guidance notes

We would like to ensure that children without a school place are found a suitable school as quickly as possible. Please tick any box that applies to your child and provide written evidence (where appropriate) with your completed application form:

Has Special Educational Needs, disabilities or medical conditions.

Has been out of education for two months or more (or has more than 15% unauthorised absence)

Is being Electively Home Educated

Is homeless

Is a carer

Is a Gypsy, Roma or Traveller

Is a refugee/asylum seeker

Is returning from the criminal justice system, or attending a PRU

Has a history of fixed term exclusions

Has your child been permanently excluded from any school? Yes No

Has your child received additional individual support in the classroom? Yes No



11. Checklist

Before signing and returning this form, please ensure that you have:

- Read the enclosed Guidance Notes
- Completed all relevant sections of this form
- Enclosed proof of your new address (see front sheet Checklist and the Guidance Notes)
- Provided a working e-mail address (Sefton's primary way of communicating with applicants)
- Signed the declaration below in part 13 to authorise the application to be processed
- Signed consent in part 14 (page 6) if you agree to share information with a view to the Local Authority providing Early Help or other support services for the child or family.

12. Data Protection

Sefton Council maintains an electronic database in respect of all pupils who apply for a school place within Sefton. All personal information provided on this form is treated in strict confidence in accordance with the requirements of the Data Protection Act 2018. We may verify information you have provided on this form by contacting other Council Departments who maintain appropriate records for Sefton residents. The data may be shared with the DfE, other Local Authorities and other appropriate agencies, for the purpose of the provision of services to your child. The application forms will be held for 2 years and then destroyed securely. The application information held within the electronic database may be held for up to 7 years.

- I confirm that I have read the guidance notes and I understand the timescales involved and the information that is required by the Local Authority that will confirm my new address.
- I certify that I am the person with parental responsibility for the child named in Section 1.
- I wish to apply for a place at each of the schools named in Section 5.
- I declare that to the best of my knowledge and belief, the information I have given on this form is correct and up to date. I agree to notify Sefton Council of any changes to this information. I agree that details of my child can be shared with schools in order to secure a school place.
- I understand that any false or deliberately misleading information on this form and/or supporting documents may render this application invalid, or lead to the offer of a school place being withdrawn.

13. Declaration and Signature of Parent/Carer

Signature of
Parent/Carer

Date

Print
Name

Please see further declaration on page 6 overleaf



14. Consent for Sefton Local Authority to share information contained within this application form in order to offer/provide support services to a child or a family

Sefton Council provides many support services for children and families who may be experiencing difficulties at home, in the community or at school. There are sometimes circumstances identified within the information provided on this form which impacts on the child's attendance at school. There can also be family issues identified where the child/family may benefit from an agreed early help plan or support from council services. Examples being, non-attendance or lateness at school, problems with transport to school, a family bereavement, a medical condition or a disability or community/social issues adversely impacting on the child or family.

By signing this declaration you agree that, where appropriate the council may share information contained within the application form with the relevant council support services with the view to contacting you to offer support or an Early Help Plan for the child/family

This specific consent for sharing this information with other Council support services is not compulsory and your application for admission to school will still be processed if you have signed the data protection and parental declaration within part 13.

Signature of Parent/Carer to agree to share information in order for Sefton Council to offer Early Help or other support services where appropriate.

Please return the completed form by email to:

to: iyadmissions@sefton.gov.uk)

or by post to:

Sefton Council, School Admissions Team, Town Hall, Bootle, L20 7AE