



THE RUTLAND LEARNING TRUST
APPLICATION FOR IN-YEAR ADMISSION TO PRIMARY SCHOOL



Use this form to apply for a school place at the following schools for which the Rutland Learning Trust is the Admission Authority:

- Cottesmore Academy
- Empingham CE Primary School
- Exton & Greetham CE Primary School
- Great Casterton CE Primary School
- Ketton CE Primary School
- Langham CE Primary School
- St Nicholas CEVA Primary School
- Uppingham CE Primary School
- Whissendine CE Primary School

Date school place is required:

/ /

Admission year group:

Year

Please indicate which school/s you are applying for:

1. First preference school _____
2. Second preference school _____
3. Third preference school _____

1. CHILD'S DETAILS

'Legal' names should be the same as stated on the child's birth certificate or deed poll documentation

Child's Legal Surname

Child's Legal Forename

Child's Middle Name(s).....

Preferred Names (if different to Legal Name).....

Date of Birth Gender (M/F)

Address:

The address given should be the address of the parent/carer with whom the child spends the majority of time as a child of a family during term-time.

House/Flat Name.....

Number Street.....

Village/Town

County..... Postcode.....

*If you are moving house, please tell us the new address and the expected date of arrival at the new address. **Proof of the new address is required.** This can be in the form of proof of exchange of contracts or a tenancy agreement.*

House/Flat Name.....

Number Street.....

Village/Town

County..... Postcode.....

Date of arrival

Is the child "looked after" or has the child previously been "looked after" by a Local Authority? (Sometimes referred to as "being in care") YES / NO

If YES, please state which placing authority, social worker and telephone number.....

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Does the child or a family member have any additional educational, medical or domestic need? YES / NO

Does the child have an Education, Health and Care Plan or Statement of Educational Need? YES / NO

If you answered yes to either of the above two questions please give details in sections 5 & 6. Please be aware we will contact the child's current school.

2. PARENT/CARER DETAILS

Parent/Carer Surname..... (Mr/Mrs/Miss/Ms)

Parent/Carer Forename(s)

Relationship to child

Do you have parental responsibility for this child? YES / NO

Parental responsibility is defined as:

- The natural mother of the child.
- The natural father if married to the mother at the time of the birth or subsequently, if named on the birth certificate after 1 December 2003 or if he has a parental responsibility agreement with the mother or has a parental responsibility order from the court.
- A person awarded a residence order, Special Guardianship Order or an Adoption Order.

If you have any queries regarding parental responsibility, please contact the Admissions Officer 01572 812278.

(If you answered NO to the 'parental responsibility' question, please contact the Admissions Officer on 01572 812278 to provide further details).

Is either parent (or step-parent) a serving member of HM Armed Forces? YES / NO

Home Tel No (incl. area code).....

Work Tel No Mobile Tel No

Email address

If the parent/carers address is the same as the child's address, you need only tick this box
If the address is different, please complete the address details below:

House/Flat Name.....

Number Street

Village/Town

County Postcode

3. OLDER SIBLING AT THE SCHOOL

If your child has a sibling already attending a Rutland Learning Trust School please give details below (sibling is defined as a child of the family, sharing a parent by birth or adoption or living at the same address at the time of application and until and including the date of the offer letter).

Sibling's Legal Full Name.....

Sibling's Preferred Name (if different to legal name).....

Sibling's Date of Birth

Sibling's Current School

4. ADDITIONAL NEEDS

Does the child have any physical or mental health conditions, illnesses or impairments lasting, or expecting to last, 12 months or more? YES / NO

If your child has or has had a learning difficulty or disability which calls for special educational provision to be made please give details: (please tick all that apply)

Communication and Interaction

- Speech, language and communication needs
- Social communication needs
- ASD: Asperger’s, Autism

Cognition and Learning

- Specific learning difficulty eg. dyslexia, dyscalculia, dyspraxia

Social, emotional and Mental Health Difficulty

- Attention deficit disorder, attention deficit hyperactivity disorder
- Attachment disorder

Sensory and/or Physical Needs

- Vision impairment
- Hearing impairment
- Multi-sensory impairment
- Physical disability

If you have ticked any of the above boxes, please provide additional details.....
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Has the child ever been excluded from their school or education setting on either a fixed term or permanent basis YES / NO

5. INVOLVEMENT WITH OTHER SERVICES

Please tick and provide contact details for any of the services listed below which have involvement with your child.

- Educational Psychiatrist
- EAL Support
- CAMHS
- Behaviour Support Service
- Hearing Support Service
- Visual Support Service

- School Nurse
- Social Services
- Medical Consultant
- Youth Offending Service
- Speech and Language Service
- Physiotherapy/Occupational Therapy
- Other, please specify.....

6. CURRENT SCHOOL

Current school Telephone number

Head Teacher Class Teacher

7. HEADTEACHER SECTION

This section should be completed by the head teacher of the child's current school. The information is required to provide the school with early notice of the possible need for a support package.

- I confirm the parent/carer has discussed the reasons for a transfer and agree/disagree with the information provided in sections 4 and 5.
- I agree/disagree that a school transfer is in the child's best interest.

Please provide any other information which you feel is relevant to this application

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Does the child have a support programme/plan? YES/NO

Does the child have an Individual Educational Plan YES/NO

Is the child subject to a Common Assessment Framework plan? YES/NO

Signed _____ Name _____

Position _____

Date and stamp: _____

8. PARENTAL DECLARATION

- I understand that when I receive an offer of a place I will need to respond to the offer within the timescale given or the offer may be withdrawn.
- I understand that once my child has been allocated a place I will have to complete a second form to provide further details about my child and also need to provide a copy of my child's birth certificate.
- The information on this form is correct and I understand that the offer of a place may be withdrawn the Rutland Learning Trust if this application is found to be based on fraudulent or misleading information.

Parent/Carer name: _____

Parent/Carer signature: _____ Date _____

Please return completed forms to:

**Admissions Officer
The Rutland Learning Trust
c/o Cottesmore Academy
Kendrew Barracks
Cottesmore
Rutland LE15 7BA
01572 812278**

To safeguard your child's personal data please ensure you return your completed application form by a secure method.

Data Protection Statement

The information you have provided will be used in accordance with the Data Protection Act 1998 and other relevant legislation. Sometimes we may need to ask other agencies or organisations for relevant information about you to fulfil our legal responsibilities or to provide services. We may pass your information to other agencies or organisations as allowed or required by law, for example:

- to enable them to carry out their statutory duties
- where it is necessary to prevent harm to yourself or other individuals
- to help with the prevention of fraud.