



## IN YEAR APPLICATION FORM 2023-2024

### SOMERCOTES ACADEMY

#### Section A: Student Details

First Name (s)					
Surname					
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>			
Date of birth	/	/			
Year Group	Y7 <input type="checkbox"/>	Y8 <input type="checkbox"/>	Y9 <input type="checkbox"/>	Y10 <input type="checkbox"/>	Y11 <input type="checkbox"/>
Home Address					
Post Code					

Is the child Looked After by the Local Authority Yes  No

Does the child have an Education Health Care Plan (EHCP)? Yes\*  No

\* If your child has an Education Health Care Plan (EHCP) you will need to contact SEND team at Lincolnshire County Council on Tel No 01522 553332 as they will need to consult with your preferred school before admission can be arranged. **You cannot apply with this form if your child has an EHCP.**

#### Section B: Parents/Carers Details

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>
First Name (s)				
Surname				
Are you the child's	Parent <input type="checkbox"/>	Carer <input type="checkbox"/>	Social Worker <input type="checkbox"/>	
Telephone Number				
Mobile Number:				
E-mail address				
Is there anyone who should not have access to, or information about the child?				Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes please specify who and for what reason				

#### Section C: Current School Details

Current School	
Address	
Telephone Number	
Last date attended (if left)	



**Section F: Requested School Details**

**Name of Academy**.....

Reasons you think are relevant:- (please tick)

**Catchment:**

**Sibling attends:**

Name of sibling : .....

DOB of sibling: .....Year Group: .....

**Distance:**

**Religion or Faith:**  (please give details .....

**Other:**  (please give details)

.....  
 .....  
 .....  
 .....

**NOTES:**

- Although you are asked to give reasons for applying for the Academy we can only apply the reasons if they are part of the published admission criteria.

**If all of the relevant sections have not been completed or if information is incomplete, the form will be returned to you and this could delay your application. Therefore, please ensure you complete the form in as much detail as possible.**

**Section G: Declaration**

**I confirm that by signing this document, where more than one person shares parental responsibility for the child, I have consulted and agreed with that person on this application prior to submission.**

In addition I am aware that where parents/carers share equally parental responsibility for the child then only one address can be considered and this is the one nominated on this CAF (this will be verified by the local authority on behalf of all admission authorities. Note: Documentary evidence may be requested).

Name:		
Signature:		Parent / Carer / Social Worker (Delete as appropriate)
Date:		

**What do I do next?**

Unless you have signed Section E above you should give the whole form to your child's current school. They should complete page 4 of this form and then return it back to you. You should then send the whole form to:

**Admissions  
 Somercotes Academy  
 Keeling Street  
 North Somercotes  
 Louth  
 LN11 7PN**

**SECONDARY IN YEAR COMMON APPLICATION FORM (CAF)**

**PART TWO**

**This part should be forwarded to and completed by the child's current school and returned with the application form. It will only be forwarded to the requested school once an admission has been agreed.**

**Current School Details**

Name of School:

Contact Name

Student's UPN

Note: On Completion by the current school this form is to be returned to the Parent/Carer.

**Has the transfer request been discussed with the school?**

Yes  No

Name and designation of person with whom discussed:

Signature:

**Is the transfer due to a significant change of address?**

Yes  No

**Has the child been excluded on a fixed term basis? (If yes please give details)** Yes  No

**Are they at risk of permanent exclusion?**

Yes  No

**Does the student exhibit behavioural concerns?**

Yes  No

**What is the Student's record of attendance in the previous 12 months? *Please attach a print out of attendance where possible***

**Has there been EWO involvement?**

Yes  No

**Is there any further advice or information you feel would assist with the transfer request? (eg other agencies involved, any additional support required etc.)**

SCHOOL STAMP