

In-year application form

This form is for applications to Heron Hall Academy which fall outside the usual September admissions intake for new Year 7 pupils.

In addition to the admissions criteria against which all applications are assessed, considerations may be given to either the severity of any behavioural concerns and / or whether the school has the capacity / resources to accept applications at this time. The completed form should be returned to the office **with documentation to confirm your child's date of birth and address.**

Reason for transfer

Please tick reason below

Please specify reason below

<input type="checkbox"/>	New arrival to Enfield / UK from overseas PLEASE SPECIFY COUNTRY:	
<input type="checkbox"/>	From another area within the UK PLEASE SPECIFY BOROUGH / TOWN / COUNTY:	
<input type="checkbox"/>	Permanent exclusion PLEASE SPECIFY THE SCHOOL:	
<input type="checkbox"/>	Transfer from local school PLEASE SPECIFY THE SCHOOL AND REASONS:	
<input type="checkbox"/>	Currently not in education	

Child's details

First name:		Surname:	
-------------	--	----------	--

Sex (please tick):	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of birth:	
--------------------	-------------------------------	---------------------------------	----------------	--

Child's address at the time of this application:

Please note that this must be the address where the child normally lives.

--

Postcode:

--

If the address where they live is different from the parent / carer address or if parents share custody, please give details of this arrangement below: -

--

Two proofs of address must be submitted with this form One must be a notification of Child Benefit from HMRC (unless subject to immigration control). The other should be either a Council tax document, a utility bill, or a mortgage/ rent agreement (less than 3 months old)

1st Parent / Carer details

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	First Name		Surname	
<input type="checkbox"/> Ms	<input type="checkbox"/> Miss				
Relationship to child	Mother	<input type="checkbox"/>	Foster carer	<input type="checkbox"/>	Other (please specify) <input type="checkbox"/>
	Father	<input type="checkbox"/>	Social worker	<input type="checkbox"/>	
Contact telephone	Mobile:		Home:		
E-mail address:					

2nd Parent / Carer details (if applicable)

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	First Name		Surname	
<input type="checkbox"/> Ms	<input type="checkbox"/> Miss				
Relationship to child	Mother	<input type="checkbox"/>	Foster carer	<input type="checkbox"/>	Other (please specify) <input type="checkbox"/>
	Father	<input type="checkbox"/>	Social worker	<input type="checkbox"/>	
Contact telephone	Mobile:		Home:		
E-mail address:					

Children with additional needs

	Yes	No
Does your child have an existing Education, Health and Care Plan (EHCP)?	<input type="checkbox"/>	<input type="checkbox"/>
Is an assessment of your child's needs currently in progress?	<input type="checkbox"/>	<input type="checkbox"/>
If you answer 'yes' to any of the above, attach details when returning the form.		

	Yes	No
Does your child have any other needs you feel we should know about?	<input type="checkbox"/>	<input type="checkbox"/>
If 'yes', please give details below		

Children in care

	Yes	No
Is your child in the public care of the local authority?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered 'yes', please specify: -

Local authority name			
Social worker name		Telephone:	

Please also provide a letter from the Social Worker confirming the legal status of the child and the local authority the child is in the care of. The letter should also provide the reasons for the preference of school.

Siblings

Does your child have any brothers or sisters already attending any of our other academies?

Enfield Heights | Heron Hall | Kingfisher Hall | Woodpecker Hall

If so, please let us know which school, their name, their date of birth and their class / form group

Declaration and signature of parent / carer

I confirm that I have received and read the admissions criteria for a class at the academy, and I understand the way in which places will be allocated.

I certify that I am the person with parental responsibility for the child named above and that the information given is true to the best of my knowledge and belief. I understand that false or deliberately misleading information given on this form or in supporting information may render this application invalid. I understand that the academy may check any of the information provided.

Signature

Date

Information supplied will be used for registered purposes and in line with UK GDPR and the Data Protection Act 2018

END OF FORM

BELOW FOR OFFICE USE ONLY

Proof of address	<input type="checkbox"/>	Proof of date of birth	<input type="checkbox"/>	Date received	
CLA	<input type="checkbox"/>	Staff	<input type="checkbox"/>	Sibling	<input type="checkbox"/>
				Distance	
Signature				Date	

(Head teacher or their representative)