|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | |  | | --- | | **FOR OFFICE USE ONLY** | | *Received by LA:* | | *Input:* | | *Sent to School:* | |

**SCHOOL ADMISSIONS**

**IN YEAR APPLICATION FORM FOR PUPILS CURRENTLY**

**IN YEAR 9 AT MONKSEATON HIGH SCHOOL**

Applications open 2 January 2025

Application closing date 17 January 2025

**Guidance Note**

Admission Policies and Admission Criteria

You will need to consider the admission policy for any school you express a preference for, to determine what criteria each school will use when they consider your application. All admission policies can be found in our booklet, Essential Guide to North Tyneside Schools, available at [**my.northtyneside.gov.uk**](https://my.northtyneside.gov.uk/category/220/essential-guide-schools)**.**

Please note that you must consider how your child will get to a particular school as travel assistance is only available for eligible children. Please contact Home to School Transport to check if you will be likely to receive assistance, on [hometoschool.transport@northtyneside.gov.uk](mailto:hometoschool.transport@northtyneside.gov.uk)

Please complete a separate form for each of your children.

This form should be completed by North Tyneside residents of children who are currently in Year 9 at Monkseaton High School. They are asked to complete this in-year application form to express their preferred school place for Year 10 in September 2025.

Once completed, please email it on or before the closing date to [school.admissions@northtyneside.gov.uk](mailto:school.admissions@northtyneside.gov.uk). If you are posting the form, we advise that you gain proof of postage. If we do not receive your form or if it arrives late, we will need this to prove you have posted it. The address to send the form to is:

North Tyneside Council, Access Team, 3rd Floor left, Quadrant East, Silverlink North, Cobalt Business Park, NE27 0BY

### To be completed by Parent/Carer

### 1. PREFERRED SCHOOL:

* In the space below please enter (**in order of preference**) the names of up to 3 schools which you would consider.
* You may include schools outside North Tyneside. If so, please state which Local Authority the school comes under.
* It is recommended that you name more than one school and give reasons for your preferences below.
* If your preferred school is a Voluntary Aided School or Academy, you may be asked at a later date to provide evidence to support your application.
* To apply for BURNSIDE COLLEGE please contact the school directly; you do not need to name the school as a preference below.

|  |  |  |  |
| --- | --- | --- | --- |
| Preference | Name of School(s) | State Local Authority (if school is not in North Tyneside) | You may state the reasons for your preference(s) |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

|  |  |
| --- | --- |
| Surname of Child |  |
| First Name of Child |  |
| Date of Birth of Child |  |
| Gender |  |
| Home Address |  |
| Daytime Contact Tel. Number |  |
| E-mail Address |  |

2. PUPIL DETAILS:

|  |  |
| --- | --- |
| Name of child’s current school | Monkseaton High School |
| What is your child’s first language? |  |
| Is the child in the care of a Local Authority? | Yes/No  **(Delete as appropriate)** |
| If yes, please state the responsible Local Authority |  |
| Please give the name of the Social Worker |  |
| Has the child previously been in care and immediately after being in care become subject to an Adoption Order, Child Arrangements Order or Special Guardianship Order?  If yes, your application must be supported with documentary evidence, i.e. Adoption Certificate | Yes/No  **(Delete as appropriate)** |
| Does your child have an Education Health and Care Plan? | Yes/No  **(Delete as appropriate** |

### 3. PARENT / CARER DETAILS:

|  |  |
| --- | --- |
| Surname of parent or carer |  |
| First Name of parent or carer |  |
| Home Address |  |
| Daytime Contact Tel. Number |  |
| E-mail Address |  |

**Please indicate your relationship to the child. You can do this by highlighting, ticking or circling one of the following:**

Mother Father Stepparent Care Social Worker Other:…………….…………...

4. SIBLING DETAILS:

Does your child have any siblings of school age?

Yes No

If yes, please provide the following:

|  |  |  |
| --- | --- | --- |
| Name of sibling | DoB of sibling | Name of school sibling attends |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| Name of Parent/Carer competing this form |  |
| Date form completed |  |

## Declaration - to be completed by parent/carer

Declaration:

By submitting this application form I give permission to the Access Team, to collect and retain information about me for the purpose of processing my application for a school place. I understand that the Access Team and schools which are their own admission authority may check the information I have provided with other information held by North Tyneside Council to make sure that the information I have provided is correct and accurate. I also understand that if I have given false or inaccurate information, any school place that is offered will be withdrawn.

North Tyneside is the Data Controller for the purposes of the Data Protection Act 1998.

|  |  |
| --- | --- |
| Name of Parent/Carer |  |
| Date |  |