

FOR OFFICE USE ONLY
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Input:
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SCHOOL ADMISSIONS

IN YEAR APPLICATION FORM

Please complete a separate form for each of your children.

This form should be completed by North Tyneside residents when requesting a school place after the start of the Autumn Term in September and for year groups other than the first year of entry to a school.

Please complete all of Section A below and sign the declaration on the last page.

Section B must be completed by your child's current Headteacher unless you are moving into North Tyneside from out of borough – A recent school report is however welcomed.

SECTION A – To be completed by Parent/Carer

I wish to make an application for my child to be admitted to a First, Primary, Middle, or High School.

- 1. Preferred school:
 - a. In the space below please enter (in order of preference) the names of up to 3 schools which you would consider.
 - b. You may include schools outside North Tyneside. If so please state which Local Authority the school comes under.
 - c. It is recommended that you name more than one school and give reasons for your preferences below.
 - d. If your preferred school is a Voluntary Aided School or Academy, you may be asked to provide evidence to support your application.
 - e. To apply for BURNSIDE COLLEGE please contact the school directly.

1.First preference Name of school	Name of Local Authority
2. Second preference Name of school	Name of Local Authority
3.Third preference Name of school	Name of Local Authority

2. Please state the date you wish your child to start______

3. Please state the reason for your application

Moved into North Tyneside

Moved within North Tyneside

Other (Please state below)

4. PUPIL DETAILS

Name of schools siblings attend:

Surname of Chil						
First Name of Cl				G	ender	
Parental Home /	Address:					
Daytime Contac E-mail Address:	t Tel. Number:					
Please indicate	your relationshi	p to the child by tick	king one of the	following:		
Mother:	Father:	Step-parent:	Carer:	Social Worker:	Other:	
Name of child's What is your chi	•					
Is the child in the	e care of a Loca	al Authority?	Yes:	No:		
If Yes, please st	ate which Loca	Authority: .				
Please give the	name of the So	cial Worker:				
Has the child pre order or special	•		ely after being Yes	in care became sub No	ject to an adoption, child arra	angements
If Yes your appli	cation must be	supported with doc	umentary evide	ence i.e. adoption c	ertificate	
Does your child	have a Educat	ion Health and Car	e Plan? Yes	No		
Does your child their learning, th	receive additior eir behaviour o	nal support in schoo r their health needs	ol; if so please o	detail below what ki No	nd of support (this might be	to support
Do you or your on the second the			ole from a Soci	al Worker; a Family	Support Worker or someboo	dy from
Has your child b	een permanent	ly excluded from ar	ny school? Ye	s No	If YES, please give details	below:
Does this child h	nave any sibling	s of school age? (s	ee notes for de	efinition of sibling) Y	es No	
lf yes, please pr	ovide names of	siblings:			DOB of Siblings:	

5.	Please list the name, address and date of any schools previously attended by the child you
	are making the application for (most recent first)

Name of School/Nursery	Address/Local Authority	Dates attended

6. Please list all previous addresses at which the child has lived and the relevant dates

Address	Dates from and to	Local Authority

Name of person completing this form (PLEASE PRINT) Date form completed

SECTION B - To be completed by current school

Section B <u>must</u> be completed by the Headteacher of your child's current or previous school

(Please note your application may be delayed if Section B is not completed and signed by the Headteacher)

Date application form received from	
parent /carer	

1: Additional Support

Please tick the appropriate box below. For any boxes ticked please provide copies of the reports or provide relevant comments:

SUPPORT	Please tick relevant boxes		Comments
	Current	Historic	
Pupil Premium			
SEN Support (K)			
SEMH interventions			
EAL			
EHA			
School Support Team			
TRAX			
Silverdale outreach			
Education Psychologists			
CAHMS			
Locality Team			
Language and communication team			
Dyslexia Team			
Speech and language			
Harbour (Domestic Abuse support/refuge)			
ACORNS (Domestic			
abuse support) PROPS (substance			
misuse support)			
Mentor			
Other please give detail:			

Details of professionals currently working	ng with the pupil/family:	

Name	Designation	Contact details

2: Attendance:

Last academic year %	Current academic year %	

Is the pupil currently attending school YES

NO

Have non attendance procedures been initiated through the EAPS YES (Date)

No

Additional Comments:

3: Has the pupil been referred to the School Support Team in North Tyneside Yes (Date and reason for referral) No

Has the pupil has previously been dual-educated either at Moorbridge PRU or Silverdale ARP YES (Dates)

4: Attainment and Progress

Subjects	Qualification and Exam Board	Current Attainment	Subjects	Qualification and Exam Board	Current Attainment

Please rate current academic progress:

Excellent	Good	Fair	Varied	Limited		
If progress is not good, please give reasons :						

Diagnostic reading	Diagnostic maths	
scores with date	scores with date	

KS2 attainment - please circle/highlight:

KS2 SATS (please tick)

Reading
Writing
Maths
Science

KS2 attainment

Reading	P levels	Foundations	Early Development	
	Growing Development	Working towards	EXS	
Writing	P levels	Foundations	Early Development	
	Growing Development	Working towards	EXS	
	Greater Depth			
Maths	P levels	Foundations	Early Development	
	Growing Development	Working towards	EXS	
Science	Had not met	EXS		

FOR PRIMARY CHILDREN ONLY - KS1 Attainment KS1 SATs



KS1 SATs:

Reading	P levels	Foundations	Working towards
	EXS	Gre	ater depth / High score
Writing	P levels	Foundations	Working towards
	EXS	Gre	ater depth / High score
Maths	P levels	Foundations	Working towards
	EXS	Greater depth / High sco	
Science	Had not met	EXS	

5: Suspensions

 How many fixed term suspensions in the last 2 academic years: 	
Total number of days suspended from school:	
Current Year:	
Previous Year:	
Please provide details of fixed term exclusions:	
 Is the student at risk of permanent exclusion? YES 	
 Any other information that would be useful to a receiving school? YES If yes please provide a comment: 	/O –
6: Headteacher comments	
Name of Headteacher:	
Signature of Headteacher:	
Date:	

Declaration - to be completed by parent/carer

Declaration:

Date:

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.

Full Name of Parent/Carer: (please print):	
Signature:	

Returning your application form

Please return this application to:

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

or email to school.admissions@northtyneside.gov.uk