Application for In-Year Admission to Sutton Schools



1. CHILD DETAILS

of paper if necessary)

1. CHILD DETAILS					
Child's Surname					
Child's First Name			Middle Nan	ne(s)	
Child's Date of Birth				Gender	MALE / FEMALE
Home Address (This should be the child's normal place of residence, not a relative's or carer's address)			F	Postcode:	
Date moved to this address					
Council Tax Reference					
Previous Address and reason for house move (if within last 2 years)	Address: Postcode: Reason for house move:				
Name of the Sutton school(s	s) that you wa	nt to apply fo	r, in preferer	nce order	
Preference 1					
Preference 2					
Preference 3					
Preference 4					
Preference 5					
Preference 6					
If this child has a sibling at any of the schools named above, please complete details below (By sibling we mean a brother or sister who is part of the same family unit, and ordinarily living at the same address)					
Name of Sibling			e of Birth		
Name of School			Ger	der	Male/Female
If there are any exceptional reasons why this child should attend one of the schools named above, please <u>outline</u> the reasons below. You must provide professional evidence to support your case. This evidence may be from a hospital, GP, Social Worker, School Attendance Service or other professional. However, you should note that providing reasons and evidence does not automatically give your child priority for a place.					
Which school do you wish these reasons to be considered for?					
Name and address of current school or last school attended				Pos	et Code:
Date started current school					
Reason for change of school or, if not currently in school, the reason for leaving previous school (Please continue on a separate sheet					

2. IF YOUR CHILD LIVES IN SUTTON AND IS NOT OFFERED ONE OF YOUR PREFERENCE SCHOOLS - the information below may be used to find an alternative school.

information below may be				
	ase name all s	chools previously attended before the curre		
Name of School		Address	From	То
Has your child been		Details:		
permanently excluded in the	YES / NO			
last 12 months? Has your child had any fixed		Details:		
period exclusions in the last	YES / NO	Details.		
12 months?				
		T		
Does your child have an	VEC /NO	Previous Local Authority:		
Education, Health & Care Plan (EHCP)?	YES / NO			
Does your child have special		Details (attach any relevant reports):		
educational needs (but no	YES / NO			
EHCP)?		1		
Is the child 'looked after' or		Local Authority:		
previously 'looked after' by a	YES / NO	Name of Social Worker:		
Local Authority?	. = 0 /	Email address:		
Are they open to (or have		Local Authority:		
they been open in the last 12 months to) Social Care as a	YES / NO	Name of Social Worker: Email address:		
Child in Need or under a Child	1 E 5 / NO	Email address.		
Protection Plan?				
Is the child in kinship care?	YES / NO	If YES, please attach relevant documentation)	
Is the child living in a refuge		Further information:		
or other Relevant	YES/NO			
Accommodation?				
Is the child a United Kingdom		If NO, nationality:		
national?	YES / NO	•		
If NO, please confirm that you		You MUST check your eligibility at		
have checked your child's	YES / NO	https://www.gov.uk/guidance/schools-admissions-applications-from- overseas-children <i>If your child is here on a 6-month Standard</i>		
eligibility to free education		Visitor or 11-month Short-term Study visa		
whilst in the UK?		make this application		
Does the child require	YES / NO	Child's first language:		
additional support with English?				
Is the child of Gypsy, Roma		Any school support needed:		
or Traveller heritage.	YES / NO	.,		
Are they an asylum seeker or				
refugee?		1		
Is the child a baptised		Faith group (please submit evidence of members	bership wi	th your
Catholic, Christian or member	YES / NO	application):	,	•
of other faith group with	I LO / NO			
evidence of membership? If you are not offered a		If YES, would you be committed to uphold	lina	
preference school, would you	VEO (110	the school's Catholic ethos and faith	9	VEC /NO
consider a Catholic school as	YES / NO			YES / NO
an alternative?				

SECONDARY SCHOOL APPLICATIONS ONLY Is the child of selective (grammar) school ability?		If YES, please provide school reports, grades and any other evidence to support this (we may ask a selective school to contact you to discuss this and arrange a selective eligibility test):
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Please give details of other individuals or groups who have worked / are currently working with this					
child (e.g. So	child (e.g. Social Worker, Youth Offender Team. Please give contact details if possible)				
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include details needed in sch	ude any other information of any disability (physical, sensory ool or classroom, if the child is a ye	/ – sight, hearing, spee	ech), learning diff	iculties, other su	pport that may be
necessary)					
Have you also made applications to any schools outside the London Borough of Sutton or to					
			YES, please		
School		Date Applied		Outcome	
School		Date Applied		Outcome	
School		Date Applied		Outcome	

YOU MUST NOW PASS THIS FORM TO THE HEADTEACHER OF THE CHILD'S CURRENT OR PREVIOUS SCHOOL (IF IN THE UNITED KINGDOM) AND THEY WILL COMPLETE SECTION 2. IF YOU HAVE MOVED AND IT IS NOT POSSIBLE TO SEND THE FORM TO THE PREVIOUS SCHOOL, PLEASE CONTACT THE ADMISSIONS TEAM FOR ADVICE.

3. CURRENT/PREVIOUS HEADTEACHER STATEMENT

Please continue any section on a separate sheet if necessary Is the child still on your school roll YES / NO If on-roll, please give details of any steps taken to resolve any complaints or conflicts: If **off-roll**, please give date and reason from the Pupil Registration Regulations: Attendance rate for last 12 months If unsatisfactory, were there any underlying reasons for this and indicate any attendance action/strategies taken: **SEN Stage Primary Need Key Stage Results & any learning support:** Details of any exclusions: Other services involved: In considering the application for a school place, do you have any other comments to make to enable us to make a decision relating to the placement/level of support required? Name Date School stamp Position within School Name of school

YOU SHOULD NOW PASS/SEND THIS FORM BACK TO THE PARENT

Telephone number

4. PARENT/GUARDIAN/CARER DETAILS

	APPL	LICANT	SECOND CONTA	(CT (OPTIONAL)
Title of Parent/Guardian/Carer	Mr/Mrs/Miss/Ms	Initials	Mr/Mrs/Miss/Ms	Initials
Surname of Parent/Guardian/Carer				
Relationship to child (if you are not the child's parent and the child is not in the care of a Local Authority, you must provide a letter from the parent to explain the circumstances, or a copy of official documentation to show legal guardianship of the child)				
Address, if different to that of the child				
	Post Code:		Post Code:	
Home telephone number				
Work telephone number				
Mobile telephone number				
Email address				

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Declaration and Undertaking

- I am the person with parental responsibility for the child named in this application, and we ordinarily reside at the address provided
- The information I have given is true to the best of my knowledge and belief
- I will notify the Cognus School Admissions Team of any changes to the details in this application as they occur
- Any false, deliberately misleading, or withheld information may render this application invalid, and could lead to the application and any associated school offer to be withdrawn
- I have checked and have confirmed my child's eligibility for state-funded education
- The school Admissions team and allocated school may contact others named on this application form for additional information
- I have read the Privacy Notice https://cognus.org.uk/privacy/ and understand how my information may be used

Applicant's Name (Please print name of Parent/Guardian/Carer) Do you have parental responsibility for this child?	Your relationship to child
Signature I	Date
Second Contact's Name (Please print name) Do you have parental responsibility for this child?	
Signature [Date

5. THE NEXT STEPS

You should now ensure that you have enclosed a copy of the following information:

- Non-Sutton residents: a copy of the current council tax bill for the home address, which shows your name Sutton residents: your council tax reference number
- Any professional evidence to support a social or medical priority application
- For those new to or returning to the UK: a copy of the child's latest school report, dated within the last 6 months if in English
- If the child is not a UK National: you must check your child is eligible to attend a state-funded school. If your child is here on a 6-month Standard Visitor or 11-month Short-term Study visa, you are not eligible to make this application, but can contact suttonadmissions@cognus.org.uk for advice
- For those arriving or returning to the UK: evidence to confirm the child's arrival in the UK
- If you are not the child's parent and the child is not in the care of a Local Authority: a letter from the parent to explain the circumstances or a copy of the official documentation to show legal guardianship of the child
- If the child is or has been in the care of a Local Authority: a copy of any Order reflecting the current status and a letter from the local authority to confirm the child's Looked After status

You may then scan and email these documents to <u>suttonadmissions@cognus.org.uk</u> or post the completed form and a copy of the supporting information to Cognus School Admissions Team, London Borough of Sutton, Cantium House, Station Approach, Wallington, SM6 0DZ.

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