



REQUEST FOR IN-YEAR ADMISSION TO WEST LAKES ACADEMY
ALL SECTIONS MUST BE FULLY COMPLETED – ANY INCOMPLETE FORMS WILL BE RETURNED

Child's First Name:											
Child's Surname:											
Date of Birth:				Gender:							
Child's home address:											
	Postcode:										
Are there any other school age children living at the above address	Yes						No				
If yes please provide name(s), date(s) of birth and current school(s)											
<i>If you want to apply for a place for this/these children please complete a separate form</i>											
Is the child:											
In the care of the Local Authority/previously looked after by the local authority?					Yes						No
If yes, please give further details											
a Traveller child	Yes		No		a Carer	Yes		No			
Forces Family	Yes		No		Asylum seeker	Yes		No			
Does the child have:											
a statement of special educational need or is currently undergoing a statutory assessment?					Yes						No
a pastoral support plan at their current/most recent school?					Yes						No
Has the child:											
Ever been permanently excluded from school?					Yes						No
Has the child attended a pupil referral unit (PRU) during the last 12 months?					Yes						No

Are there any other specialist services involved e.g. social worker/youth offending worker?	Yes		No	
If yes please give name/details				
Current or last school/home education (name and address)				
Is the child still attending the above school?	Yes		No	
How long has the child attended their current school?				
If less than 12 months please give details of the previous school				
Date place required form at West Lakes Academy				
Why is a change of school being sought? Please give details. If you request is due to a change of address please tell us the old and new address (continue on a separate sheet if necessary)				
Full name of Parent/Carer:	Yes		No	
Relationship to child:				
Contact telephone number:				
Contact email address:				
Address if different from the child:				
I give consent for all correspondence to be sent to this email address	Yes		No	
<p>I confirm that I have parental responsibility for this child and the information given is correct. I understand that any place offered on the basis of fraudulent or intentionally misleading information may be withdrawn. I consent to this information on this form being shared with appropriate agencies and understand that contact may be made with the child's current/previous school for information which may include attendance and exclusion data.</p> <p><i>If you are caring for someone else's child for more than 28 days and you are not an immediate relative you may be Private Fostering and it is a legal requirement that you inform the Local Authority. If you think you may be Private Fostering, please tick this box</i> <input type="checkbox"/></p>				

Further information is available by contacting 0333 240 1727 or on Cumbria County Council's website at <http://www.cumbria.gov.uk/childrensservices/childrenandfamilies/privatefostering/whatisfostering.asp>

Signed:

Dated:

Please return your completed form to contactus@westlakesacademy.org.uk or by post to Academy Admissions, West Lakes Academy, Main Street, Egremont, Cumbria CA22 2DQ