

**REQUEST FOR ADMISSION TO WEST LAKES ACADEMY**

**ALL SECTIONS MUST BE FULLY COMPLETED – ANY INCOMPLETE FORMS WILL BE RETURNED**

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| **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)** |
| *If you want to apply for a place for this/these children please complete a separate form* |
| **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 from at West Lakes Academy**  |
| **Why is a change of school being sought? Please give details. If your 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:** |  |  |  |  |
| **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** |  |
| **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.***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* *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/whatispfostering.asp*](http://www.cumbria.gov.uk/childrensservices/childrenandfamilies/privatefostering/whatispfostering.asp) |
| **Signed:** |
| **Dated:** |

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

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| **THE DATA PROTECTION ACT 2018****The information contained on this form is processed in accordance with provisions of the The Data Protection Act 2018.** |