

**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**](mailto: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.** |