

**REQUEST FOR CONSIDERATION OF A CATEGORY 1
ADMISSION TO A MANCHESTER MAINTAINED SCHOOL OR
ACADEMY**

i PLEASE READ THE ENCLOSED NOTES OF GUIDANCE BEFORE YOU COMPLETE THIS FORM.

YOU **MUST** SUBMIT ALL SUPPORTING EVIDENCE FROM PROFESSIONAL THIRD PARTIES **WITH THIS FORM.** NO CONSIDERATION CAN BE GIVEN UNLESS EVIDENCE IS PROVIDED.

PLEASE COMPLETE THIS FORM USING BLOCK CAPITALS.

SECTION A. CHILD DETAILS

CHILD'S SURNAME:

FORENAME:

DATE OF BIRTH:		
DD	MM	YYYY

CIRCLE AS APPROPRIATE

GENDER:	MALE	FEMALE
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CIRCLE AS APPROPRIATE

IS THE CHILD NEW TO THE UK?	YES	NO
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CIRCLE AS APPROPRIATE

BAPTISED CATHOLIC:	YES	NO
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HOME ADDRESS: THIS MUST BE THE CHILD'S PERMANENT PLACE OF RESIDENCE

POST CODE:

SECTION B. SCHOOL REQUESTED (ONLY ONE SCHOOL SHOULD BE REQUESTED)

NAME OF REQUESTED SCHOOL:	
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REASONS FOR REQUESTED SCHOOL (SEE GUIDANCE NOTES - CONTINUE ON A SEPARATE SHEET IF NECESSARY)

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DO YOU HAVE ANOTHER CHILD ALREADY ATTENDING THE REQUESTED SCHOOL?

IF YES, PLEASE ENTER THEIR DETAILS BELOW.

SURNAME:	FORENAME:	DATE OF BIRTH:	SCHOOL:
RELATIONSHIP TO APPLICANT:			

SECTION C. CARER DETAILS

PARENT/CARER SURNAME:	FORENAME:	RELATIONSHIP TO CHILD:
EMAIL ADDRESS:	HOME TELEPHONE NUMBER:	MOBILE TELEPHONE NUMBER:

PLEASE INFORM US IF ANY OTHER AGENCIES ARE INVOLVED WITH THE CHILD, E.G. SOCIAL SERVICES, EDUCATIONAL PSYCHOLOGISTS, ETC. CONTINUE ON A SEPARATE SHEET IF NECESSARY

AGENCY:	NAMED CONTACT:	CONTACT TELEPHONE NUMBER:
OFFICE:	SIGNATURE:	

SECTION D. CURRENT SCHOOL/ACADEMY INFORMATION (LEAVE BLANK IF THE CHILD IS NEW TO THE UK)

TO BE DISCUSSED WITH AND COMPLETED BY THE SOCIAL WORKER WITH THE HEADTEACHER/PRINCIPAL OF THE CURRENT SCHOOL/ACADEMY. IF QUESTIONS 2-11 ARE ANSWERED YES, THE SCHOOL SHOULD ATTACH FURTHER INFORMATION WITH APPROPRIATE NAMED CONTACTS. REFER TO THE HEADTEACHER NOTES FOR GUIDANCE.

1. HOW LONG HAS THE PUPIL ATTENDED YOUR SCHOOL/ACADEMY?		
IF LESS THAN 12 MONTHS, PLEASE GIVE DETAILS OF PREVIOUS SCHOOL/ACADEMY		
2. IS THE PUPIL A LOOKED AFTER CHILD (LAC)?	YES	NO
3. DOES THE PUPIL HAVE A STATEMENT OF SPECIAL EDUCATIONAL NEEDS?	YES	NO
4. DOES THE PUPIL HAVE A CURRENT PASTORAL SUPPORT PLAN, PARENTING CONTRACT OR ORDER FOR BEHAVIOUR OR ATTENDANCE?	YES	NO
5. IS THE PUPIL ON THE CHILD PROTECTION REGISTER?	YES	NO
6. DOES THE PUPIL HAVE A COMMON ASSESSMENT FRAMEWORK (CAF) IN PLACE?	YES	NO
7. HAS THE PUPIL BEEN PERMANENTLY EXCLUDED FROM TWO OR MORE SCHOOLS?	YES	NO
8. HAS THE PUPIL ATTENDED A PUPIL REFERRAL UNIT (PRU) DURING THE LAST 12 MONTHS?	YES	NO
9. HAS THE PUPIL RESIDED WITHIN A LOCAL AUTHORITY SECURE CHILDREN'S UNIT, SECURE TRAINING CENTRE OR YOUNG OFFENDERS INSTITUTE WITHIN THE LAST 6 MONTHS?	YES	NO
10. HAS THE PUPIL RECEIVED ANY FIXED TERM EXCLUSIONS IN THE PAST 12 MONTHS?	YES	NO
11. DO YOU SUPPORT THE PARENT'S REQUEST TO TRANSFER THEIR CHILD?	YES	NO

HEADTEACHER/ SOCIAL WORKER SIGNATURE:	POSITION:	OFFICIAL STAMP FOR SCHOOL:

PLEASE RETURN THE COMPLETED FORM TO:

INTEGRATED ADMISSIONS, MANCHESTER CITY COUNCIL, P.O. Box 532, TOWN HALL, MANCHESTER, M60 2LA

For office use only:

DATE RECEIVED:

EVIDENCE ATTACHED:	Yes / No
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Letter Sent to Approved School and Carer:
