School application for children in reception to year 11 at schools and academies maintained by Manchester City Council

If you have any questions regarding this form please read the attached notes of guidance. If you still have questions you can contact the Integrated Admissions Team by:

**Phone:** 0161 245 7166   **Email:** school.admissions@manchester.gov.uk   **Web:** www.manchester.gov.uk/admissions

**Please Note**
- Section D must be completed by your child’s current school/academy. Any incomplete forms will be returned to the parent/carer.
- If you are new to the UK please complete sections A, B and C only. You will need to provide a form of identification to clarify your child’s date of birth, e.g. A photocopy of a birth certificate/home office ID card.
- This form must be completed using BLOCK CAPITALS.

**Section A. Child details**

<table>
<thead>
<tr>
<th>Child’s Surname:</th>
<th>Child’s Forename:</th>
<th>Date of birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Circle as appropriate

<table>
<thead>
<tr>
<th>Gender:</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Is the child new to the UK?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the child new to the UK?</td>
<td></td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Baptised Catholic:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Is the child currently or previously a looked after child?*

Is the child subject to a private fostering arrangement?*

*Please see the Notes of Guidance for further information on these questions.

Home address: this must be the child’s normal place of residence

Postcode:

**Section B. School/academy details**

Name of requested school/academy:

We would advise you name at least 3 schools/academies. You can name more if you wish.

1.  
2.  
3.  

Reason for requesting a new school/academy (continue on a separate sheet if necessary)

Do you have another child already attending the preferred school/academy? If yes, please enter their details below.

<table>
<thead>
<tr>
<th>Surname:</th>
<th>Forename:</th>
<th>Date of birth:</th>
<th>Relationship to applicant:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
Section C. Parent/Carer details

Parent/carer Surname: | Parent/carer 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, youth offending team, etc. Continue on a separate sheet if necessary.

Agency: | Named contact: | Contact telephone number:
--- | --- | ---

I declare that all the information I have provided is true. I understand that any school place offered on the basis of fraudulent or intentionally misleading information will be withdrawn. I consent to the information given on this form being shared with appropriate agencies.

Signed: | Date:
--- | ---

Section D. Current school/academy information
(Leave this section blank if the child is new to the UK)

To be discussed with and completed by the headteacher/principal of the current school/academy. If questions 4-11 are answered yes or question 12 answered no, the headteacher should attach further information.

1. Name of current School/Academy

2. How long has the pupil attended your school/academy?

3. Is the pupil still attending? Yes No – Date Last Attended:

4. Does the pupil have a statement of special educational needs? Yes No

5. Does the pupil have a current pastoral support plan in place, parenting contract or order for behaviour or attendance? Yes No

6. Is the pupil subject to a child protection plan? Yes No

7. Does the pupil have a common assessment framework (CAF) in place? Yes No

8. Has the pupil been permanently excluded from two or more schools? Yes No

9. Has the pupil attended a Pupil Referral Unit (PRU) during the last 12 months? Yes No

10. Has the pupil resided within a local authority secure children’s unit within the last 6 months? Yes No

11. Has the pupil received any fixed term exclusions in the past 12 months? If yes please give details Yes No

12. Do you support the parent’s request to transfer their child? Yes No

Headteacher/nominated representative signature: | Position: | School/Academy stamp:
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Print name: | Date: | Additional Information Attached?
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Yes – Pages: No

Please return this form by post: or in person:

Integrated Admissions
Manchester City Council
P.O. Box 532
Town Hall Extension
Manchester
M60 2LA

Customer Contact Centre
Manchester Contact Centre
Town Hall Extension
Albert Square
Manchester M60 2LA (sat nav M2 5DB)