



In-Year Admission Form

PLEASE COMPLETE IN CAPITAL LETTERS

Section 1. Child's Details

Child's Family Name: _____	Child's First Name: _____	
Child's Middle Name (s): _____		
Date of Birth: ____ / ____ / ____	Age: _____ Years	Male / Female

Home Address:

Postcode: _____

Is parent / carer address different? Yes / No

If yes please give reason (s)

Current School:

Name: _____

Address: _____

Postcode: _____

Request for admission into Year:

DATE RECEIVED (completed by the school):

Section 2. Parents / Carer Details

Parent / Carer 1 Details: Mr / Mrs / Miss / Ms

First Name:

Surname:

Relationship to child:

Home Address:

Postcode: _____

Contact Telephone Number: _____

Contact Email Address: _____

Parent / Carer 2 Details: Mr / Mrs / Miss / Ms

First Name:

Surname:

Relationship to child:

Home Address:

Postcode: _____

Contact Telephone Number: _____

Contact Email Address: _____

I understand that any false or deliberately misleading information given on this form and/or supporting information may render this application invalid, or lead to the offer of a place being withdrawn.

Please ensure sections 1 – 5 are completed before signing.

Parent / Carer Signature:

Date:

The completed in-year admission form should be returned to Admissions, Rosendale Primary School, Rosendale Road, West Dulwich London, SE21 8LR.

Section 3. Applications based on specific grounds

Please identify any exceptional medical or social needs:

Please ensure any evidence is enclosed / attached to your application.

Is the child a 'Look After Child' or previously 'Looked After Child'? Yes / No

If yes what borough is the child 'looked after by'? _____

Name of social worker: _____

For 'Looked After Children' or previously 'Looked After Children' please include a letter from your child's social worker, or a copy of court papers.

Section 4. Reason for application

1. New arrival to the UK

Please specify country:

Date of arrival:

2. New arrival from another area within the UK

Please specify borough / town/ county:

Date of arrival:

3. Transfer from local school

Please specify full school name and address:

Section 5. Reason for Transfer

Please outline in full the reasons why you want to transfer your child to transfer to another school:

To be completed by senior staff at the child's current school. We cannot accept this form if it has not been completed by a senior member of staff at your child's current school, then signed, dated and stamped.

Do you support the reason for the transfer? Yes / No Please provide a brief explanation why:

Staff signature:

Date:

Name (capitals):

Position held:

School Stamp