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



Directorate for Children & Education

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

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

## Please note

Surname

Forename

- Sections A, B and C MUST be completed.
- If you are new to the UK, you will need to provide a form of identification to clarify your child's date of birth, for example a photocopy of a birth certificate/home office ID card.
- Section D. Completion of this part is optional and may assist to identify any support required in education.
- The information provided on this application form will be used to ensure that the council's records are correct. It may also be shared with other agencies and service providers to ensure that your child receives an appropriate service. For further information, please see the council's privacy notice at www.manchester.gov.uk/privacy.

<ul> <li>Please</li> </ul>	e complete	this form using	BLOCK CAPITALS turned to the parent	S.	y nou	oc at ww	w.manenester.gov.uivp	nivacy.	
Section A	A. Child	d details							
Child's surname Child's fo				forename			Date of birth (DD-MM-YYYY)		
Circle as appro	opriate								
Gender	nder Male Female Is the child new			the UK?	Yes	No	Baptised Catholic	Yes	No
Is the child currently or previously a looked after child?*									No
Is the child subject to a private fostering arrangement?*									No
*Please see the guidance notes for further information on these questions.									
Home address	s (this must	be the child's	normal place of res	idence):					
Postcode:									
Section E	3. Scho	ool/acade	emy details						
Name of reque		1.							
You can name	chools/academies.	2.							
	3.								
Reason for red	questing a n	new school/aca	ademy (continue or	ı ı a separate	sheet	if neces	sary)		
Do you have a			ding the preferred s	school/acade	emy?				

Date of birth

Relationship to applicant

## 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, for example 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/Previous school/academy information Completion of this part is optional and may assist to identify any support required in education. If you choose to complete this section, the previous school are required to sign to confirm the detail provided is accurate. Therefore, you should complete this with the headteacher/principal of the current school/academy. (Leave this section blank if the child is new to the UK) 1. Name of current/previous 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 an Education Health and Care Plan (EHCP)? Yes No 5. Does the pupil have a current pastoral support plan in place, parenting contract or order for Yes No behaviour or attendance? 6. Is the pupil subject to a child protection plan? Yes Nο 7. Does the pupil have an Early Help Assessment (EHA) in place? Yes Nο 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 Headteacher/nominated representative Position School/Academy stamp signature Print name Date Contact number Additional information attached?

Please return this form by post: School Admissions Manchester City Council PO Box 532 Town Hall Extension Manchester M60 2LA Or email to:

No

Yes - Pages:

School.admissions@manchester.gov.uk