

IN YEAR APPLICATION FORM 2024-2025

KIRTON ACADEMY

Section A: Student Details

| | | | | | |
|-----------------------|---|-----------------------------|-----------------------------|------------------------------|------------------------------|
| First Name (s) | | | | | |
| Surname | | | | | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> | | | | |
| Date of birth | / / | | | | |
| Year Group | Y7 <input type="checkbox"/> | Y8 <input type="checkbox"/> | Y9 <input type="checkbox"/> | Y10 <input type="checkbox"/> | Y11 <input type="checkbox"/> |
| Home Address | | | | | |
| Post Code | | | | | |

Is the child Looked After by the Local Authority Yes No

Does the child have an Education Health Care Plan (EHCP)? Yes* No

* If your child has a Education Health Care Plan (EHCP) you will need to contact SEND team at Lincolnshire County Council on Tel No 01522 553332 as they will need to consult with your preferred school before admission can be arranged. **You cannot apply with this form if your child has an EHCP.**

Section B: Parents/Carers Details

| | | | | |
|---|---------------------------------|--------------------------------|--|--|
| Title | Mr <input type="checkbox"/> | Mrs <input type="checkbox"/> | Miss <input type="checkbox"/> | Ms <input type="checkbox"/> |
| First Name (s) | | | | |
| Surname | | | | |
| Are you the child's | Parent <input type="checkbox"/> | Carer <input type="checkbox"/> | Social Worker <input type="checkbox"/> | |
| Telephone Number | | | | |
| Mobile Number: | | | | |
| E-mail address | | | | |
| Is there anyone who should not have access to, or information about the child? | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If Yes please specify who and for what reason | | | | |
| | | | | |

Section C: Current School Details

| | |
|-------------------------------------|--|
| Current School | |
| Address | |
| Telephone Number | |
| Last date attended (if left) | |

Section F: Requested School Details

Name of Academy.....

Reasons you think are relevant:- (please tick)

Catchment:

Sibling attends:

Name of sibling :

DOB of sibling:Year Group:

Distance:

Religion or Faith: (please give details

Other: (please give details)

.....

NOTES:

- Although you are asked to give reasons for applying for the Academy we can only apply the reasons if they are part of the published admission criteria.

If all of the relevant sections have not been completed or if information is incomplete, the form will be returned to you and this could delay your application. Therefore, please ensure you complete the form in as much detail as possible.

Section G: Declaration

I confirm that by signing this document, where more than one person shares parental responsibility for the child, I have consulted and agreed with that person on this application prior to submission.

In addition I am aware that where parents/carers share equally parental responsibility for the child then only one address can be considered and this is the one nominated on this CAF (this will be verified by the local authority on behalf of all admission authorities. Note: Documentary evidence may be requested).

| | | |
|------------|--|--|
| Name: | | |
| Signature: | | Parent / Carer / Social Worker (Delete as appropriate) |
| Date: | | |

What do I do next?

Unless you have signed Section E above you should give the whole form to your child's current school. They should complete page 4 of this form and then return it back to you. You should then send the whole form to:

**Admissions
 Louth Academy
 Monks' Dyke Road
 Louth
 LN11 9AW**

**SECONDARY IN YEAR COMMON APPLICATION FORM (CAF)
PART TWO**

This part should be forwarded to and completed by the child's current school and returned with the application form. It will only be forwarded to the requested school once an admission has been agreed.

| Current School Details | |
|------------------------|--|
| Name of School: | |
| Contact Name | |
| Student's UPN | |

Note: On Completion by the current school this form is to be returned to the Parent/Carer.

| | |
|---|--|
| Has the transfer request been discussed with the school? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Name and designation of person with whom discussed: | |
| Signature: | |
| Is the transfer due to a significant change of address? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Has the child been excluded on a fixed term basis? (If yes please give details) Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | |
| | |
| Are they at risk of permanent exclusion? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | |
| Does the student exhibit behavioural concerns? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| What is the Student's record of attendance in the previous 12 months? <i>Please attach a print out of attendance where possible</i> | |
| | |
| Has there been EWO involvement? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Is there any further advice or information you feel would assist with the transfer request? (eg other agencies involved, any additional support required etc.) | |
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| | |
| SCHOOL STAMP | |
| | |