# Appendix 1 – In-Year Application Form

To be returned to [insert relevant academy details]

**Name of Academy:**

Click here to enter text.

**Section 1: Child’s Details**

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| --- |
| Forename (s): Click here to enter text. Surname: Click here to enter text. Address: Click here to enter text.Date of Birth: Click here to enter text.Gender: Male [ ]  Female [ ]  |

**Section 2: Your Details**

Surname: Click here to enter text. Title: (Mr, Mrs, Miss, Ms or other)Click here to enter text.

Forename (s): Click here to enter text. Relationship to Child: Click here to enter text.

Address:

Click here to enter text.

E-mail Address: Click here to enter text.

Telephone Number: Click here to enter text.

Mobile Number: Click here to enter text.

**Section 3: Oversubscription Criteria**

1. Has your child a statement of Special Educational Needs or an Education, Health and Care Plan? Yes [ ]  No [ ]
2. If yes to the above: Is this academy listed on your child’s plan? Yes [ ]  No [ ]
3. Is your child a looked after child or previously looked after child? Yes [ ]  No [ ]
4. Is another child registered at the same address in attendance at the academy? Yes [ ]  No [ ]
5. If yes to the above: child’s name: Click here to enter text.

 If you have selected yes to questions 1 or 2 please provide evidence with your application.

**Section 4: Additional Information**

Please provide as any additional information you want to be considered as part of your application

Click here to enter text.