# 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**

|  |
| --- |
| 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.