



In Year Admission Request – Form 1

Has the child's current/previous school been advised of this application	Yes/No
Do we have permission to contact the child's current/previous school with regards to this application	Yes/No

Year Group	
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Child Details	
Surname:	Date of birth: / /
Forename(s):	Male/Female (please delete as appropriate)
Current Address:	Address in Cheshire West and Chester to which you are moving: <i>(if applicable)</i>
Postcode:	Postcode:
Telephone contact numbers:	
Email address: <i>(if applicable)</i>	

Date place required:	Reason for changing school:
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School currently attending/last school attended:	Date child left <i>(if applicable)</i>
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	Yes✓	No✓
Is the child 'Cared for' by a Local Authority (in public care)? If yes, please state below which Local Authority, Social Worker details and a contact number:		
Is your child permanently excluded from school?		
Is the child's parent a crown servant as defined by the School Admissions Code?		

Applicant's Details:

Mr/Mrs/Miss/Ms Dr etc	Initials:	Surname:	Daytime Telephone No:
Address(es): <i>(if different from pupil's address)</i>			
Email address: (where available)		Relationship to Child	

Siblings(and any other children living at the same address). A sibling means the brother, sister, stepbrother or stepsister, half brother or half sister living together as part of one household, already attending the preferred school and expected to continue at the school in the following year.

Sibling's Name:	School and Year Group:	Date of Birth: / /
Does the sibling reside at the same address as the applicant? If No, please provide details. Yes/No		

Other Relevant Circumstances: Please indicate here any further information which you consider may be relevant to your preference. Continue on a separate sheet, if necessary. Please provide full details of **dual residency**, if applicable.

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I Declare that all the information which I have provided is true. I understand that any academy place offered on the basis of fraudulent or intentionally misleading information may be withdrawn.

Signed:	Mr/Mrs/Miss/Ms/Dr etc
PRINT NAME:	Date:

Data Protection Act. The Academy/Council maintains a Register Entry in Respect of Education which includes the administration relating to pupils. Personal information provided on this form is treated in confidence and complies with the requirements of the Act. This information may also be shared with other local authorities and Primary Care Trust.

Once completed, please return this form to:

**ST MARTIN'S ACADEMY
91 HOOLE ROAD
HOOLE
CHESTER
CH2 3NG**

Verification of Information. The Academy may verify information You have provided on this form which could involve contacting Other departments of the Council who maintain appropriate records. In instances where the information is provided is different from that Held by them they may use the information on this form.

If you require acknowledgement please provide a stamped address envelope with your application.

For office use only

Date received / /
Date offer/refusal letter sent / /