

For Admission to:

In-Year Admissions Form 2024-25

- Before completing this form, please read the leaflet 'In-Year Admissions'
- Please complete the form in BLOCK CAPITALS / BLACK INK and sign it

NEWSOME ACADEMY

• If your child has an Education Health and Care Plan or statement of special needs, please discuss this application with your SEN Caseworker before completing the form

Section 1							
Child's legal last name				Child's 'known as' last name (if applicable)			
Child's first name				Child's middle names(s			
Child's date of birth	day	month	year	Child's gender (optiona	1)		
Child's current permanent address							
Post code							
Section 2							
Parent/carer last name				Parent/carer first name			
Relationship to child (p	lease ci	rcle)		Other			
Mother Father Carer				(Please specify)	(Please specify)		
Telephone numbers	mbers daytime ev			evening	mobile		
Email address							
Are you a member of tl	ne arme	ed forces		Yes / I	No		





Sibling's surname		Sibling's first nar	Sibling's first name				Sibling's date of birth			
				(d	ay / mor	nth / year)				
Section 4										
Please fill in this	s section if you	will be moving hous	se							
New address										
Post code			Moving	day		month	year			
			Date							
Castian E. A	al altat a a l t f			DI						
Section 5 – Additional information				Please circle Yes No						
Is your child in public care (a looked after child) Has your child previously been in public care				Yes			No			
(a previously looked after child)										
1.5		6.1								
was in the care	•	of these questions, p	olease state whi	ch loca	i autnori	ity your cr	ilia is /			
was in the care	01.									
Section 6 - Y	our child's cı	urrent or last sch	ool							
Name of school										
Ivallie of school										
Leaving date if	a longor attan	dina	day		month	year				





Section 7

I have read and understood the accompanying leaflet (In-Year Admissions) before completing this form and I confirm that:

- the information I have given on this form is correct
- I understand that inaccurate or misleading information may lead to the withdrawal of the school place allocated
- I have parental responsibility for this child
- I can confirm my child has the right to be educated in the UK at a state funded school

Signature of Parent / Carer	Date

The information you provide will be used in order to process this application for a place at Newsome Academy in accordance with the relevant published admission criteria and for any subsequent appeal. It will be stored securely and will not be disclosed to any other person or agency apart from relevant authorities in connection to the admission or appeal related process.

