# **Logo, company name Description automatically generatedLogo Description automatically generatedOaklands Infant School**

# In-year Admission Form

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| **Section 1 - Your child’s details** | | | | | | | |
| Child’s surname | Click or tap here to enter text. | | | | Child’s first name | | Click or tap here to enter text. |
| Child’s middle name/s | Click or tap here to enter text. | | | | | | |
| Date of birth | Click or tap to enter a date. | | | Year Group | | | Choose an item. |
| Gender | Choose an item. | | | | | | |
| Child’s home address | If you are moving into the area, please provide your anticipated address.  Click or tap here to enter text. | | | | | | |
| Postcode | Click or tap here to enter text. | | | | | | |
| Date moved to this address | Click or tap to enter a date. | | Resident in the UK | | | | Choose an item. |
| Or anticipated moving date | Please note we will need proof of address before your child enrols.  Click or tap to enter a date. | | | | | | |
| **Section 2 - Your details** | | | | | | | |
| Title | Choose an item. | | | | Surname | | Click or tap here to enter text. |
| First name/s | Click or tap here to enter text. | | | | | | |
| Relationship to child | Choose an item.  If other, please specify  Click or tap here to enter text. | | | | | Do you have parental responsibility for the child? | Choose an item. |
| Do you live at the same address as the child? | Choose an item.  If not, please provide your home address below.  Click or tap here to enter text. | | | | | | |
| Which local authority do you pay your council tax to? | Choose an item.  If other, please specify  Click or tap here to enter text. | | | | | | |
| Home phone | Click or tap here to enter text. | | | | | Mobile Phone | Click or tap here to enter text. |
| Email address | Click or tap here to enter text. | | | | | | |
| **Section 3 – Reasons for applying** | | | | | | | |
| Is there a sibling attending the school? | | Choose an item. | | | | | |
| Are any of the parents/carers living with the child a member of school staff? | | Choose an item. | | | | | |
| Other reason/s | | Click or tap here to enter text. | | | | | |

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| **Section 4 - Your child’s educational history** | | | | | |
| School Name | School address | Date Started | Date Left | | |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap to enter a date. | | |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap to enter a date. | | |
| **Section 5 – Further Information** | | | | |
| Does your child have an Education, Health and Care Plan? (this would have been issued by the Special Education Needs Department within your Local Authority) | | | | Choose an item. |
| Is your child a Looked After Child or a Previously Looked After Child who ceased to be so because they were adopted (or became subject to a child arrangements order or special guardianship order) immediately following having been looked after? Or has your child been in state care outside of England and ceased to be in state care as a result of being adopted? | | | | Choose an item. |
| Is your child from a UK service personnel or crown servant family?  If yes, please attach all relevant documents | | | | Choose an item. |
| Has your child ever been permanently excluded from a school?  If yes, please provide all school name(s) and dates that apply.  Click or tap here to enter text. | | | | Choose an item. |
| Is the child either subject to a Child in Need Plan or a Child Protection Planor having had a Child in Need Plan or a Child Protection Plan in the last 12 months? | | | | Choose an item. |
| Is the child living in a refuge or in other relevant accommodation? | | | | Choose an item. |
| Is the child from the criminal justice system? | | | | Choose an item. |
| Is the child in alternative provision? | | | | Choose an item. |
| Does the child special educational needs (but without an Education, Health and Care plan), disabilities or medical conditions? | | | | Choose an item. |
| Is the child a carer? | | | | Choose an item. |
| Is the child homeless? | | | | Choose an item. |
| Is the child in formal kinship care arrangements? | | | | Choose an item. |
| Is the child of, or who are, Gypsies, Roma, Travellers, refugees, and asylum seekers? | | | | Choose an item. |
| HasH Has the child been out of education for four or more weeks? | | | | Choose an item. |

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| **Section 6 - Declarations** | | | |
| I understand that the information contained in this form is subject to GDPR (General Data Protection Regulation) and my personal data may be exchanged with the relevant Local Authorities, Admissions Authorities, Schools and Government Agencies where necessary.    I understand that any offer of a school place will be based on the information I provide being accurate and correct and that the Admissions Authority reserve the right to withdraw any school place offered if I give false or misleading information.    I certify that I have parental responsibility for the child named on this form and that the information I have given is correct.    I have read and understood the admissions arrangements and have completed and submitted any additional forms which may be required.    I understand that, should the criteria for the school have to be applied to process my application, I will be required to supply proof of address to The Corvus Trust.  It is my responsibility to satisfy The Corvus Trust that I live at the address that is stated on the form.  For overseas nationals entering the UK ONLY:  Overseas nationals entering the UK must confirm that they have the right to abode and that the conditions of their visa permit them to access a state funded school.  By submitting this form, you are agreeing that you, as the responsible parent/ carer for the child named on this form, have checked that your child’s visa complies with the above. | | | |
| Name of person completing the form | Click or tap here to enter text. | Date | Click or tap to enter a date. |

The fully completed form must be returned to Oaklands Infant School

admissions@oaklands-inf.wokingham.sch.uk

Alternatively post the form to:

Oaklands Infant School

Butler Road

Crowthorne

Berkshire

RG45 6QZ

If you have any queries, please call the school office on: 01344 774644