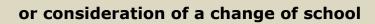
## **Request for admission to The Ripley Academy**





### THIS FORM SHOULD BE COMPLETED BY THE CHILD'S PARENT/CARER

About your	child >	Admission for Year 7, 8, 9, 10, 11 (Please circle)				
Child's first name :		Surname/Last name:				
Date of birth :		Gender: Male Female				
Child's address:						
		Post code :				
Present/previous school:	Name:					
	Address:					
If you have moved within the last 2 months, please give previous address:						
Date your child moved to present address:						
Date your child last attended school:						
If you arrived in the child has lived in th		other country, please state if this is the first time your  Yes No				
If 'No', please state address of the scho		hild previously lived in the UK, and give the name and ded:				
Date:						
Name and address	of school:					

# the following: Yes No Does your child have a Statement of Special Educational Needs? Is your child looked after by the Local Authority (in Public Care)? Yes No If 'Yes', please give name and contact number of Social Worker: Name of Local Authority responsible for the care of the child: Has your child ever been permanently excluded from a school: Yes No If 'Yes', please give the name of the school: Date of permanent exclusion: Please enter details of any brother(s)/sisters(s) attending school: **Full name** Date of birth School attending No Does your child have any mobility/physical disabilities? Yes Please give details: Why do you want your child to move to another school?

To help us make sure your application is dealt with quickly please complete

# If your request for a change of school is NOT as a result of a change of address, please complete the following:

Please give details of the school staff you have worked with to try to resolve your

child's present difficulties: Date(s) contacted: Teacher / Tutor / Head of Year Assistant Head / Deputy Head / Head Teacher Date(s) contacted: Other (please specify) including date(s): If you have not discussed your concerns or tried to resolve your child's difficulties with the present school, we will refer you back to the school before taking any action on your request. No Is your child currently attending school? Yes If 'No', is your child being home educated? Yes No YOUR CHILD MUST CONTINUE TO ATTEND THEIR PRESENT SCHOOL UNTIL A CHANGE OF SCHOOL TAKES PLACE, FAILURE TO DO SO MAY RESULT IN COURT ACTION. **Previous schools** Has your child attended any other schools? Yes No Date of leaving: School: a) Reason for leaving: Date of leaving: b) School: Reason for leaving: School: Date of leaving: c) Reason for leaving:

Parent/carer(s) >						
Mr / Mrs / Miss / Ms / Dr / Other (please give details):						
Initial(s): Surname:						
Your relationship with the child:						
Full address of parent/carer (only complete if different to child's address):						
Address:						
Post code:						
Daytime telephone contact number(s):						
Email address:						
Please provide telephone numbers and email address in case we need to contact you about your application. You do not have to tell us but it will help us to contact you quickly if we have a question about your application.						
I confirm that:						

- I wish to make an application for The Ripley Academy
- I certify that I am the person with parental responsibility for the child named on page 1 of this form and that all the information given on this form is correct
- I understand that my child's place may be withdrawn if it is proven to have been obtained on the basis of fraudulent or misleading information
- I enclose proof of permanent residency for the home address given

Signed	(Danach / Carra)	Date		
	(Parent / Carer)			
Print name				
THIS DOCUM	MENT CHOLLD BE DETLIBNED TO:			

THIS DOCUMENT SHOULD BE RETURNED 10: Mrs C Robson PA to the Principal The Ripley Academy Peasehill Ripley Derbyshire DE5 3JQ