## Request for admission to The Ripley Academy or consideration of a change of school



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

About your	child >	Ad	lmission for Y	ear 7, 8, 9,	10, 11	(Please	circle)
Child's first name:			Surname/	Last name:			
Date of birth:			Gender :	Male [		Female	e
Please enclose pr	oof of perm	anent re	sidency for t	the home a	nddres	s given.	
Child's address:							
			Pos	st code:			
Present/previous school:	Name:						
	Address:						
If you have moved	within the las	st 6 montl	ns, please giv	e previous a	address	5:	
Date your child mo	ved to presen	it address	:				
Date your child last attended school:							
If you arrived in the child has lived in th		other cou	ntry, please si Yes		s the fi	rst time	your
If 'No', please state address of the scho	-	-	ously lived in	the UK, and	d give t	the name	and
Date:							
Name and address	of school:						

# To help us make sure your application is dealt with quickly please complete the following:

Does your child have a Statement of Special Educational Needs? Yes No						
Is your child looked after by the Local Authority (in Public Care)?					No	
If 'Yes', please give name and	contact number	of Social Worker:				
Name of Local Authority respon	nsible for the car	e of the child:				
Has your child ever been pe	ermanently exc	luded from a sch	nool: Yes		No	
If 'Yes', please give the name of	of the school:					
Date of permanent exclusion:						
Please enter details of any	brother(s)/sist	ers(s) attending	school:			
Full name	Date of birth	School att	ending			
Does your child have any mobi	ility/physical disa	abilities?	Yes		No	
Please give details:						
Trease give details.						
Why do you want your child to	move to anothe	r school?				

### 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: Teacher / Tutor / Head of Year Date(s) contacted: 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. Is your child currently attending school? Yes No Yes No If 'No', is your child being home educated? 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 > Yes No Has your child attended any other schools? Date of leaving: a) School: Reason for leaving: Date of leaving: b) School: Reason for leaving: School: Date of leaving: c) Reason for leaving:

Parent/carer	(s) >
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Mr / Mrs / Miss / Ms / Dr / Other (please given	ve 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 confirm that my child is eligible for a state-funded place in the UK
- 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

Signed:	(Parent / Carer)	Date:
Print name:		

THIS DOCUMENT SHOULD BE RETURNED TO: <a href="mailto:enquiries@ripleyacademy.org">enquiries@ripleyacademy.org</a> or alternatively by post to

Mrs E White Admissions Officer The Ripley Academy Peasehill Ripley Derbyshire DE5 3JQ