

# 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 >

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 UK from another country, please state if this is the first time your child has lived in the UK:

Yes

No

If 'No', please state when your child previously lived in the UK, and give the name and address of the school they attended:

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 an Education, Health and Care Plan (EHCP)?

Yes  No

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

Does your child have any mobility/physical disabilities?

Yes  No

Please give details:

Why do you want your child to move to another 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

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

a) School:  Date of leaving:

Reason for leaving:

b) School:  Date of leaving:

Reason for leaving:

c) School:  Date of leaving:

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

\_\_\_\_\_

Date.....

(Parent / Carer)

Print name.....

THIS DOCUMENT SHOULD BE RETURNED TO:

Admissions  
 The Ripley Academy  
 Peasehill  
 Ripley  
 Derbyshire  
 DE5 3JQ