



Joseph Leckie Academy Midyear Admission Application Form

You must complete **ALL** sections of the application form.

Completed form to be returned to Midyear Admission, Joseph Leckie Academy, Walstead Road West, Walsall, WS5 4PG.

If you need help or advice please contact the Academy by telephone on 01922 721071 ext 250 or email m.matharu@josephleckieacademy.co.uk.

All data is held in accordance with our Data Protection registration. Information is shared with schools and other Local Authorities for school admission purposes and will be kept on file and computer for at least 12 months from the date of application. **Please provide Passport or Birth Certificate for ID.**

1. Please fill in ALL these boxes to tell us about your child

First name of child		Last name of child	
Gender (please tick)		Date of Birth	Age
Male	Female		Current Academy Year
		(Office use) ID Seen Yes/No	
Name of Parent/Carer		Current Home Address Permanent/Temporary	
Relationship to pupil			
Home Telephone No:		Mobile No:	
Second Emergency Contact		Name	Relationship to pupil
			Telephone No:

Email Address:

2. You MUST complete this section if your child has a STATEMENT OF SPECIAL EDUCATIONAL NEEDS, or an EDUCATION, HEALTH AND CARE PLAN

State the name of the Local Authority that issued your child's statement of Special Educational Needs or Education, Health and Care Plan

Local Authority:	
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3. You MUST complete this section if your child is in PUBLIC CARE (looked after children)

State the name of the Council and Social Worker who are responsible for your child:

Council:	Name of Social Worker:
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4. Medical details

Doctor's Name	
Doctor's Address	
Known Medical Conditions	

New into Country/Area:	
Consent for routine health assessment to determine if your child has any unmet health needs. Assessment to be completed by School Nursing Service.	Yes/No

Free School Meal Entitlement (Delete as appropriate) YES/NO

5. This section is optional. It will not affect your application if you choose not to complete it. This information will be used to help us to monitor the impact of our services

How would you describe the ethnic group of your child? (please tick one box)

WHITE <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Traveller of Irish Heritage <input type="checkbox"/> Gypsy or Roma <input type="checkbox"/> Any other white background	ASIAN or ASIAN BRITISH <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background
MIXED <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed background	BLACK or BLACK BRITISH <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Black African <input type="checkbox"/> Any other Black background
CHINESE and OTHER GROUPS <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic background	<input type="checkbox"/> I do not wish an ethnic group to be recorded

6. Do you consider that your child has a disability as defined by the Disability Discrimination Act 1995*?

Yes	No
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If yes please give details:	
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I prefer not to answer this question

*A physical or mental impairment which has substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities

7. Additional Information

Was your child born in the UK?	Yes/No	If No please state Country of Birth	
If Yes which Town		Religion	Home Language
Date of arrival in UK		Nationality	
Are you and your family seeking asylum?	Yes/No	If yes, please provide a copy of the NASS35 and the ARC card.	

Current /Previous School	
Previous Primary School	
Is your child still attending this school?	Yes/No
If no, please give the date your child last attended	
Does the head teacher of your child's current school know about this application?	Yes / No
Has your child ever been excluded from a current/previous school?	Yes / No
If yes, give dates of fixed term and/or permanent exclusions	

Please give details of any other agencies that are involved with your child (eg YISP/CONNEXIONS etc)	
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Reason for application	
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8. Declaration by the parent or guardian with parental responsibility

- I understand that a place may be withdrawn if it is offered because of fraudulent or misleading information
- I will notify the Academy of any changes in my home address which occur between the date of this application and any subsequent offer of a school place
- I understand that the information I give on this form will be shared with schools and other Local Authorities for school admission purposes and will be kept on file and computer for at least 12 months from the date of this application
- I have parental responsibility for the child

Signature of Parent/Guardian		Date
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Full Name of Parent/Guardian (please print)

Mr/Mrs/Miss/Ms	Date
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Office Use (to be completed by MM)

Date Received:	
Appointment Date:	
Test Date:	
Start Date:	
Applied to any other Schools.	Yes/No
Managed Move:	Yes/No

Test Results (Office Use)

Reading Age		Maths: Mark and Grade		Science
Score				
Age				