



OLDFIELD  
SCHOOL

## APPLICATION FORM – IN-YEAR ADMISSIONS

### Child's Details

Legal Surname.....(Preferred surname if different)..... Year Group.....

First Name(s)..... Date of Birth..... Male ☐ Female ☐

**Is this child 'In the Care' of a Local Authority?**

Yes ☐ No ☐

If Yes, provide details of:

Local Authority.....

Name and Contact Number for Social Worker.....

**Was the child previously in care?** Yes ☐ No ☐ (if Yes supporting evidence should be enclosed)

**Does this child have an Education and Healthcare Plan (EHCP)?**

Yes ☐ No ☐

**Does this child have a sibling who attends Oldfield School or that left Oldfield School within the last two years?**

Yes ☐ No ☐

**Please provide the child's current address details below:**

.....

.....Postcode.....

**Is this child a British Citizen or do they hold EEA (European Economic Area) citizenship?** Yes ☐ No ☐

If you have indicated No, please include a copy of your child's immigration documents.

**Is this child currently on roll at a school?**

Yes ☐ No ☐

If Yes, give name and address of current school:

.....

**Reason for wanting to move schools**.....

.....

If your child is not on roll at a school, please give name and address of previous school & last date on school roll:

.....Date.....

Reason for leaving this school.....

.....

Is this child currently being home educated? Yes ☐ No ☐

If Yes, please give date home education started and, if appropriate, details of any previous school attended:

.....

.....Date.....

Has this child been permanently excluded from school? Yes ☐ No ☐

If Yes, is this their first permanent exclusion? Yes ☐ No ☐

Is your child known or working with any other external agency?  
e.g. Children Missing Education/Behavioural support/Social Worker. Yes ☐ No ☐

If Yes, please give details:  
.....  
.....

Is this child attending the relevant age group for his/her age? Yes ☐ No ☐ If No, which year group .....

If this child is a current Year 10 or 11 pupil, please give details of the options being followed and exam boards:  
.....  
.....  
.....

**Applicant Details**

Your title:..... First Name:.....Surname:.....(block capitals)

Your address: (if different from your child)  
.....  
.....Postcode: .....

If applicable, reasons why applicant address is different to child’s address:  
.....

Phone number:.....

Email address:.....

Relationship to this child: (e.g. Mother/Father/Step Parent).....

Do you have parental responsibility for this child? Yes ☐ No ☐

a) Is there another person who could object to your application? Yes ☐ No ☐

b) Is there a court order in place which affects your right to apply for a school place? Yes ☐ No ☐

c) Does this child live with you under a private fostering arrangement? Yes ☐ No ☐

Please give details if you have answered Yes to questions a, b or c:  
.....  
.....  
.....

I certify that the information given is correct to the best of my knowledge and belief.

Signature of Parent/Carer: ..... Date:.....