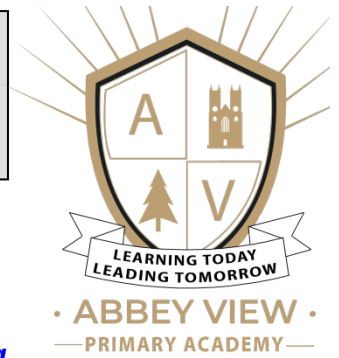


**ABBAY VIEW PRIMARY ACADEMY
APPLICATION FOR A YEAR 1/YEAR 2 PLACE FOR SEPTEMBER 2019**

IN-YEAR TRANSFER - WAITING LIST FORM



Please complete the form below if you would like your child to be placed on the Year 1 or Year 2 admission waiting list for September 2019.

We will contact you in the Summer Term to confirm a place for your child.

For more information, please visit our website: www.abbeyviewprimaryacademy.org

1. CHILD'S DETAILS			
First Name(s)		Legal surname	
Date of Birth	___/___/___	Male / Female	Year Group:

Normal Home Address (The address & postcode at which the child normally lives). Please include address evidence.	
If moving home, please provide the new Home Address (This is the address at which the child <u>will</u> live). Please include address evidence	Move date ___/___/___
Name & address of current (or most recent) school/nursery	If now left this school/nursery, please give last date of attendance: / /
Telephone number of school	

2. YOUR DETAILS	
Name(s) of parents/carers living at home address above (or with parental responsibility & living at an alternate address)	
Relationship to child	
Email address (we will use this to acknowledge receipt of your application)	
Home/Daytime telephone number	
Alternative telephone number (e.g. mobile)	

3. SCHOOL DETAILS	
Name and address of the school your child is attending presently	
Which year group are you applying for in Sept 2019?	YEAR 1 <input type="checkbox"/> YEAR 2 <input type="checkbox"/>

Reason for moving	
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4. SUPPORTING INFORMATION

Will your child have a brothers or sister attending Foundation Stage in Sept 2019 at Abbey View Primary Academy?	YES/NO If 'Yes' please give details of sibling's name, date of birth
Are you applying on behalf of a 'child in care' of a Local Authority? Some children are cared for by a Local Authority, and a Social Worker will act as parent for the child.	YES/NO If 'Yes' please tell us which local authority supports the child and give a social worker contact name and telephone number. Social Worker contact name: Telephone number: Local Authority:
Are you or your partner a serving member of the Armed Forces or a Crown Servant?	YES/NO If you are being posted to Buckinghamshire, please provide a copy of your posting order.
Does your child have exceptional medical or social reasons why he/she should attend any of your preferred schools?	YES/NO If 'Yes' please attach details, you will need to include written support from an appropriate professional person. Please state which school you are applying to on this basis.

Exceptional Reasons: These will only be considered if evidence is provided. If you think your child has a disability as defined in the Equality Act 2010 and you have decided on your preferences with this in mind, and please give us more details. Add a separate sheet if necessary.

Does your child hold a statement of Special Educational Needs (SEN) or Education Health and Care Plan (EHC)?	YES/ UNDERGOING ASSESSMENT/ NO (delete as appropriate) If the answer above is 'Yes or 'undergoing assessment' please indicate here which local authority is involved.
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A Statement of SEN or ECH is a document written by the local authority detailing the needs that a child has in learning at school, and the measures which the school will take to help them. The admission of children who already have statements or EHC will be managed by the SEN team and this application will be passed to them.

Your child may not currently have a statement of Special Educational Needs or EHC but they may receive extra support in school for special needs. If so please indicate the type of support here:
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Is your child currently supported by other agencies? Please tick the relevant boxes as appropriate.	<input type="checkbox"/> Social Services D <input type="checkbox"/> Education Welfare Officers for attendance issues D <input type="checkbox"/> Educational Psychology service D <input type="checkbox"/> Child and Adult Mental Health Service D <input type="checkbox"/> Ad-action D <input type="checkbox"/> Youth Offending Team D <input type="checkbox"/> Other D please specify
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<p>If so, please provide their contact details here so we can ensure that your child can be supported through their change of schooling by appropriate professionals</p>	
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<p>Have you withdrawn your child from a school? YES/NO If 'yes' please tell us why: Elect to home educate D House move D School suggested move D You are requesting a transfer D Other D Please specify.....</p>
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<p>Has your child been permanently or temporarily excluded from any of his/her current or previous schools?</p>	<p>YES/NO</p>
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<p>Please confirm which school(s) and give date(s) and reason(s) Please note that we will contact your child's current or previous school in order to process this application.</p> <p>School(s) </p> <p>Date(s).....</p> <p>Reason(s) for exclusion.....</p>

5. PARENTAL DECLARATION

I certify that I have parental responsibility for the child named in Section 1, and that this application has the agreement of all parents/carers listed in section 2. **I wish to be placed on the waiting list** and I confirm that the information I have provided is to the best of my knowledge correct and up to date. I understand if I give any false or deliberately misleading information on this form and/or supporting papers or withhold any relevant information, this may lead to the withdrawal of an offer of a school place for my child.

IMPORTANT NOTE: ALL SECTIONS OF THIS FORM MUST BE COMPLETED AND ALL EVIDENCE ATTACHED AS APPROPRIATE - INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT AND THIS WILL DELAY THE PROCESSING OF YOUR APPLICATION.

<p>Signature of parent/carer: _____</p> <p style="text-align: right;">Date: ____ / ____ / ____</p>
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Information supplied will be used for registration purposes under General Data Protection Regulation (May 2018)

Once completed you should return this form to:

Chepping View Primary Academy, Cressex Road, High Wycombe, Buckinghamshire HP12 4PR

Email: avpainfo@cvpa.school