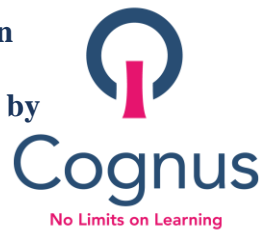


Application for In-Year Admission to Sutton Schools

Education services delivered by



1. CHILD DETAILS

Child's Surname			
Child's First Name		Middle Name(s)	
Child's Date of Birth		Sex	
Home Address (This should be the child's normal place of residence, not a relative's or carer's address)	Postcode:		
Date moved to this address			
Council Tax Reference			
Previous Address and reason for house move (if within last 2 years)	Address: Postcode: Reason for house move:		

Name of the Sutton school(s) that you want to apply for, in preference order	
Preference 1	
Preference 2	
Preference 3	
Preference 4	
Preference 5	
Preference 6	

If this child has a sibling at any of the schools named above, please complete details below (By sibling we mean a brother or sister who is part of the same family unit, and ordinarily living at the same address)			
Name of Sibling		Date of Birth	
Name of School		Sex	

If there are any exceptional reasons why this child should attend one of the schools named above, please outline the reasons below. You must provide professional evidence to support your case. This evidence may be from a hospital, GP, Social Worker, School Attendance Service or other professional. However, you should note that providing reasons and evidence does not automatically give your child priority for a place.

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Which school do you wish these reasons to be considered for?

Name and address of current school or last school attended	Post Code:
Date started current school	

Reason for change of school or, if not currently in school, the reason for leaving previous school (Please continue on a separate sheet of paper if necessary)	
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2. IF YOUR CHILD LIVES IN SUTTON AND IS NOT OFFERED ONE OF YOUR PREFERENCE SCHOOLS - the information below may be used to find an alternative school.

Other schools attended: Please name all schools previously attended before the current school

Name of School	Address	From	To

Has your child been permanently excluded in the last 12 months?	YES / NO	Details:
Has your child had any fixed period exclusions in the last 12 months?	YES / NO	Details:

Does your child have an Education, Health & Care Plan (EHCP)?	YES / NO	Previous Local Authority:
Does your child have special educational needs (but no EHCP)?	YES / NO	Details (attach any relevant reports):

Is the child 'looked after' or previously 'looked after' by a Local Authority?	YES / NO	Local Authority: Name of Social Worker: Email address:
Are they open to (or have they been open in the last 12 months to) Social Care as a Child in Need or under a Child Protection Plan?	YES / NO	Local Authority: Name of Social Worker: Email address:
Is the child in kinship care?	YES / NO	If YES, please attach relevant documentation
Is the child living in a refuge or other Relevant Accommodation?	YES/NO	Further information:

Is the child a United Kingdom national?	YES / NO	If NO, nationality:
If NO, please confirm that you have checked your child's eligibility to free education whilst in the UK?	YES / NO	You MUST check your eligibility at https://www.gov.uk/guidance/schools-admissions-applications-from-overseas-children <i>If your child is here on a 6-month Standard Visitor or 11-month Short-term Study visa, you are not eligible to make this application</i>
Does the child require additional support with English?	YES / NO	Child's first language:
Is the child of Gypsy, Roma or Traveller heritage. Are they an asylum seeker or refugee?	YES / NO	Any school support needed:

Is the child a baptised Catholic, Christian or member of other faith group with evidence of membership?	YES / NO	Faith group (please submit evidence of membership with your application):	
If you are not offered a preference school, would you consider a Catholic school as an alternative?	YES / NO	If YES, would you be committed to upholding the school's Catholic ethos and faith	YES / NO

SECONDARY SCHOOL APPLICATIONS ONLY Is the child of selective (grammar) school ability?	YES / NO	If YES, please provide school reports, grades and any other evidence to support this (we may ask a selective school to contact you to discuss this and arrange a selective eligibility test):
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Please give details of other individuals or groups who have worked / are currently working with this child (e.g. Social Worker, Youth Offender Team. Please give contact details if possible)

Please include any other information that you think is relevant to this application This may include details of any disability (physical, sensory – sight, hearing, speech), learning difficulties, other support that may be needed in school or classroom, if the child is a young carer. **(Please continue on a separate sheet of paper if necessary)**

If the application is to move from one local school to another, please confirm if the reason for the request has been discussed with the Headteacher and give details of any steps taken to resolve any complaints or conflicts.

Have you also made applications to any schools outside the London Borough of Sutton or to any independent schools?					
	YES / NO		If YES , please give details below		
School		Date Applied		Outcome	
School		Date Applied		Outcome	
School		Date Applied		Outcome	

YOU MUST NOW PASS THIS FORM TO THE HEADTEACHER OF THE CHILD'S CURRENT OR PREVIOUS SCHOOL (IF IN THE UNITED KINGDOM) AND THEY WILL COMPLETE SECTION 3. IF YOU HAVE MOVED AND IT IS NOT POSSIBLE TO SEND THE FORM TO THE PREVIOUS SCHOOL, PLEASE CONTACT THE ADMISSIONS TEAM FOR ADVICE.

3. CURRENT/PREVIOUS HEADTEACHER STATEMENT

Please continue any section on a separate sheet if necessary

Is the child still on your school roll	YES / NO
If on-roll , please give details of any steps taken to resolve any complaints or conflicts:	
If off-roll , please give date and reason from the Pupil Registration Regulations:	

Attendance rate for last 12 months	%
If unsatisfactory, were there any underlying reasons for this and indicate any attendance action/strategies taken:	

SEN Stage		Primary Need	
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Key Stage Results & any learning support:
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Details of any exclusions:

Other services involved:

In considering the application for a school place, do you have any other comments to make to enable us to make a decision relating to the placement/level of support required?

Name		Date	School stamp
Position within School			
Name of school			
Telephone number			

YOU SHOULD NOW PASS/SEND THIS FORM BACK TO THE PARENT

4. PARENT/GUARDIAN/CARER DETAILS

Title of Parent/Guardian/Carer	APPLICANT		SECOND CONTACT (OPTIONAL)	
	Mr/Mrs/Miss/Ms	Initials	Mr/Mrs/Miss/Ms	Initials
Surname of Parent/Guardian/Carer				
Relationship to child (if you are not the child's parent and the child is not in the care of a Local Authority, you must provide a letter from the parent to explain the circumstances, or a copy of official documentation to show legal guardianship of the child)				
Address, if different to that of the child				
	Post Code:		Post Code:	
Home telephone number				
Work telephone number				
Mobile telephone number				
Email address				

Declaration and Undertaking

- I am the person with parental responsibility for the child named in this application, and we ordinarily reside at the address provided
- The information I have given is true to the best of my knowledge and belief
- I will notify the Cognus School Admissions Team of any changes to the details in this application as they occur
- Any false, deliberately misleading, or withheld information may render this application invalid, and could lead to the application and any associated school offer to be withdrawn
- I have checked and have confirmed my child's eligibility for state-funded education
- The school Admissions team and allocated school may contact others named on this application form for additional information
- I have read the Privacy Notice <https://cognus.org.uk/privacy/> and understand how my information may be used

Applicant's Name Your relationship to child

(Please print name of Parent/Guardian/Carer)

Do you have parental responsibility for this child? YES / NO

Signature Date

Second Contact's Name Your relationship to child

(Please print name)

Do you have parental responsibility for this child? YES / NO

Signature Date

5. THE NEXT STEPS

You should now ensure that you have enclosed a copy of the following information:

- **Non-Sutton residents:** a copy of the current council tax bill for the home address, which shows your name **Sutton residents:** your council tax reference number
- Any professional evidence to support a social or medical priority application
- For those new to or returning to the UK: a copy of the child's latest school report, dated within the last 6 months if in English
- If the child is not a UK National: you must check your child is eligible to attend a state-funded school. If your child is here on a 6-month Standard Visitor or 11-month Short-term Study visa, you are not eligible to make this application, but can contact suttonadmissions@cognus.org.uk for advice
- For those arriving or returning to the UK: evidence to confirm the child's arrival in the UK (boarding pass or stamped entry visa). **Biometric Residence Permit (BRP) cards are not accepted.**
- If you are not the child's parent and the child is not in the care of a Local Authority: a letter from the parent to explain the circumstances or a copy of the official documentation to show legal guardianship of the child
- If the child is or has been in the care of a Local Authority: a copy of any Order reflecting the current status and a letter from the local authority to confirm the child's Looked After status

You may then **scan and email these documents to suttonadmissions@cognus.org.uk** or post the completed form and a copy of the supporting information to **Cognus School Admissions Team, London Borough of Sutton, Cantium House, Station Approach, Wallington, SM6 0DZ.**