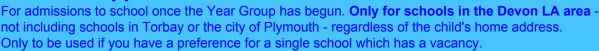


Application for In-Year Admission





This form should be completed where both the school and School Admissions confirm that a place is available and you only have one preference for admission for your child (or children) after a move to the area. It should NOT be used if you want to transfer from one local school to another, a child has a disability or EHCP or Statement of SEN or is under assessment, has been Permanently Excluded or where another person has a legal objection to the application. In any of those circumstance, a D-CAF should be completed - available at www.devon.gov.uk/admissions or by calling 0845 155 1019.

Section 1 - About your child (or children) * please mark a cross in boxes where appropriate.										
1. Legal Forename (and	2. Legal Surname (and preferred nam	e 3. Date of Birth	4. Gender	5. Year						
preferred name if differer	it) if different)			Group						
6. Is your child (or any of your children) in care or were they in care until they were made the										
subject of a residency order or special guardianship order or adopted? If yes, please give details:										
7. Does your child (or any of your children) have a disability or Statement of Special Educational										
Need or is your child under a statutory assessment for a Statement?										
If yes, please complete a D-CAF and not this form. 8. Has your child (or any of your children) been Permanently Excluded from a school?										
If yes, please complete a D-CAF and not this form.										
9. Is your child (or any of your children) on roll at another local state-funded school?										
If yes, please complete a D-CAF and not this form.										
10. Home address, includi	ng postcode:									
11 Current or most recen	t, schools(s) or form of education:									
Tr. carrette, or most recer	t, sensois(s) of form of education.									
12. Contact name and nui	nber for each school:									
Section 2 - About you	l e e									
13. Your title:	14. Your forename:	15. Your surname:								
16. Your home address if differ	17. Your daytime telepl	none number:								
		18. Your mobile numbe	er:							

19. Email address	:						
20. Relationship t	o the child (or children):						
	oarental responsibility for the			ty.	:	*Yes	No
	ody else who may have a le plete a D-CAF and not this		o this application?	<u> </u>		*Yes	No
Section 3 - A	bout the school						
23. Name of the	school						
24. Preferred start	date at this school?						
Section 4 - A	bout your reasons						
	lying for a school place bec ance, please tell us the pre v			area and does not ha	ve access to a sch	ool place	within
26. Date of move							
Section 5 - D	eclaration						
Data Protection Ac purposes and Gov information given	e Information collected on thi t. The Data may be shared wit ernment Departments where be found to be fraudulent the uk/data_protection. By signir	h schools and of there is a Legal e offer of a school	ther areas of the County requirement to do so. ol place can be withdrav	Council, but only for ac In accordance with the vn. For further informa	dministrative or othe School Admission tion about Data Pro	er service is Code, sl otection, p	provision hould the please see
for this school onl Permanently Exclu because my child h place is available. I my child's arranger I confirm that the I understand that I understand that Devon or in a neight to designated are I understand that	could express preferences for y. No child named on this for ded from school and there is as moved to a new area, is no The information on this form in nents for education. details in this application are must inform the school or A transport to a school I prefet hbouring county, may be made a transport eligibility, at wwwwit is my responsibility to cor inister where this is relevant	m has an Educa no person or bo t on roll at a loca s provided so th e accurate. Admissions if my r which is neith y responsibility w.devon.gov. nplete a school to my applicat	ation, Health and Care P body with a legal objection al state-funded school and at a formal offer letter car y child address changes her designated for my clar y. I have read the inform uk/school_transport. Test Registration or Su ion.	lan or Statement of Sp n to this application. I nd requires admission a an be issued and so that before admission. hild's address nor the ation regarding trans	pecial Educational am applying for a as soon as possible. It the Local Authori nearest available port eligibility, inc	Needs, or place at th I understa ty is made school, w cluding ex	has been his school and that a e aware of hether in sceptions
	We encourage		one signature is required of the signature is a sig		ons.		
My name			Signature				
Date							
My name			Signature				
Date							
Email to	admissions@devon.gov.	uk or post to Sc	hool Admissions Team,	Room L102, County H	Iall, Exeter EX2 4Q	U	