

## THE VICTORY ACADEMY



# **In Year Admission Application Form**

Thank you for applying to The Victory Academy Please complete this application form in BLOCK CAPITALS and return it to us by either: Post: FAO: Miss W Reeve. The Victory Academy, Magpie Hall Road, Chatham ME4 5JB or Email: admissions@thevictoryacademy.org.uk

Information regarding in-year admissions can be found on our website, www.Thevictoryacademy.co.uk or www.medway.gov.uk/inyearadmissions

We obtain this data to enable us to function effectively as an education provider or for statutory reasons. For further information on how yours or you child's data is used, shared, kept secure and retained please refer to our Privacy Notice which can be found at www.tsatrust.org.uk If yours or your child's data changes at any point, please contact us at The Victory Academy so that we can amend the data.

This application will be processed and places offered in line with our Admissions Policy and Protocol, which can be found on our website. We will notify you of the application outcome in writing within 15 school days.

Wishing to change schools in Medway

Section A: To be completed by the Parent/Carer Reason for application:

House move within Medway

New arrival to the UK	Moving to Medway: Date:
About the Child:	
First Name(s):	Surname:
Address:	Date of Birth:
	Gender:
	Year group:
Current School or Last school attended	
Children in Care	

Has your child been in public care or adopted, i.e. has your child been looked after by a local authority/subject to an adoption, child arrangements or special guardianship order /in state care or adopted outside of England? YES/NO

### IF YES, WHICH AUTHORITY IS/WAS THE CORPORATE PARENT?

Parent/Carer Detail	s:	
Title:	First Name:	Surname:
Relationship to		
child:		
Address: (if different	from above)	Email:
		Phone Number:
Do you have parenta	al responsibility?	Are you a UK service personnel or other crown
Yes/No		servant: Yes/No

Siblings:	
Does the child have any siblings attending another 1	SAT school? Yes/No
Is yes: please state name and school:	Sibling 1:
Sibling 2:	Sibling 3:

Additional Information:		
Have you withdrawn your child from	If yes, Please provide reason:	
School: Yes/No		
For transfer to Year 10 or Year 11, please	be aware that your child's course options may	not be
available.		
•	s Protocol. Information about Medway Council's Fa	air Access
Protocol can be found at medway.gov.uk/in	yearadmissions	
The questions below will help identify whether if the school you are applying for cannot offer You must answer these questions accura	·	cess Panel
	ed Plan or Child Protection Plan in the last 12	Yes/No
months?		
Is your child living in a refuge?		Yes/No
Is your child in the criminal justice system?		Yes/No
Has your child been permanently excluded in	the last two academic years?	Yes/No
Has your child had fixed term exclusions in the	ne last two academic years?	Yes/No
If yes: please confirm number of days		
Is your child currently attending alternative pr	rovision?	Yes/No
Does your child have special educational nee	eds, a disability or medical conditions?	Yes/No
If Yes please specify:		
Is your child a carer?		Yes/No
le vour child homeless?		Vac/Na

	/Carer		

I certify that I am the parent/carer with parental responsibility for the applicant child named on this form.

Yes/No

Yes/No

Are you or your child Gypsy, Roma, Traveller, a refugee or asylum seeker?

Has your child been out of education for four or more weeks?

I certify that the information I have given is true and complete and that any false or misleading information given on the application form may render this application invalid or lead to the offer of a place being withdrawn even if my child has started school.

I understand that my application may be referred through the Fair Access Protocol and agree for the information provided on this form to be shared with the relevant panel and appropriate officers in children's services as part of the admissions procedures.

Signature of Parent/Carer	Date:

Once you have completed this form, you must return it to the school you want to apply for. The school will contact you directly with the outcome within 15 school days.

To be completed by the school applied for		
Name of school applied for:		
Date application received:		
The statutemy deadline for previding an application system to the applicant is 45 sehect days		

The statutory deadline for providing an application outcome to the applicant is 15 school days.

The school must complete this section and return the whole form to School Admissions & Transport within two school days of the application outcome being determined.

If a place is offered		
Date offered		
Start date:		
Withdrawn date:		
Reason for withdrawal:		

If a place is not offered		
Was a place available?	Yes/No	
If yes, why was a place not offered?		
Have you provided a refusal letter to the applicant giving the reason for refusal and right of appeal?	Yes/No	
Does the pupil meet the criteria to be referred to the Fair Access Panel?  Yes/No		
If yes, please consider whether you can offer under the Protocol. If you can offer, update this page accordingly and submit the form to School Admissions & Transport. If you cannot offer under FAP, return		

this form along with a completed FAP referral form and any relevant documents.

Once this form is completed, please return it to casualadmissions@medway.gov.uk

Alternatively, post it to: School Admissions & Transport, Medway Council, Gun Wharf, Dock Road, Chatham, ME4 4TR

# Section B: To be completed by child's current school or the most recent school in the UK

School Information: This is required to enable the correct support to be arranged prior to your child starting at The Victory Academy

STUDENT DETAILS		
Surname	Forename	
Date of Birth	Current School	
UPN	Year Group	
ULN	First Day of Attendance	
UCI	Date of leaving	

SEN/LAC/SAFEGUARDING				
N = None	Yes/No	IEP	Yes/No	
M = Monitor	Yes/No	PSP	Yes/No	
K = SEN Support	Yes/No	CP/CHIN/CAF (circle as appropriate)	Yes/No	
EHCP – Statement	Yes/No	LAC	Yes/No	
<b>Details:</b>		Pupil Premium	Yes/No	

ATTENDANCE (please attach latest attendance certificate)			
Attendance % Period Covered			
Is student still attending		Last Attended	
Punctuality		APP/EWO Involved	

EXCLUSIONS (Please attach copy of behaviour log)				
Date	Date Length Reason			

ATTAINMENT					
KS2	Level	Date	CATS	Level	Date
Reading			Verbal		
Writing			Non-Verbal		
Maths			Quantitative		
Science		Spatial			
Mean					
Other					
Reading Age			Spelling Age		

Current Working at Grades/Levels						
English			History/Geography			
Maths			Language			
Science			DT			
	KS4 Options Current Working At Grades/Levels					
Subject	WAG	Predicted	Subject	WAG	Predicted	

OTHER AGENCIES INVOLVED			
<b>Education Psychologist Service</b>	Social Services		
Behaviour Support Service	Attendance Advisory Service (AAP)		
Physiotherapist	Occupational Therapist		
Speech and Language Therapist	Youth Offenders Team		
Police	Inclusions Team		
Other (please previde details)			

Other (please provide details)

**Continued Other Agency information:** 

Has the transfer been discussed with the school?	Yes/No
Do you support the transfer application?	Yes/No

Please add any further comments you think we may find useful:			

NAME	DESIGNATION	
TELEPHONE	EMAIL	
SIGNED	DATE	