

Ken Stimpson Academy
Staniland Way, Werrington, Peterborough PE4 6JT
<https://www.kenstimpson.org.uk> / applications@kenstimpson.org.uk

STUDENT ADMISSION IN YEAR APPLICATION FORM

Name of student: _____ **Male** **Female**

Date of Birth: _____ **Year Group:** _____

Name of Parents/Carers: _____

Child's Address:
(the address they spend the majority of their time living) _____
_____ **Post Code:** _____

Telephone Numbers: Home: _____ Mobile: _____

Email Address: _____

I enclose two documents which confirm my residency at this address eg: council tax / utility bill. If about to move house, I enclose relevant documents to confirm the move, eg solicitor's / estate agent's / council paperwork

Does your child have an Education Health Care Plan (EHCP)? *If in doubt, please speak with your child's current class teacher* Yes No

Is your child under the care of the Local Authority? Yes No

Present school (name and address) _____

Telephone number: _____

Leaving date from current school if applicable: _____

Sibling(s) at Ken Stimpson Academy (brothers or sisters currently at the school)

Name: _____ Year Group: _____

Reason for application:
(please provide as much information as possible about the change of school application)

Continued overleaf...

Fair Access Questions:

We would like to ensure that children without a school place are found a suitable school as quickly as possible in accordance with the Local Authority's Fair Access Policy. **Please tick any box that applies to your child and provide written evidence with your completed application form.** If an offer of a school place is made and it is found that these questions have not been answered truthfully, the place may be withdrawn:

Your child has been subject to a Managed Move	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Your child is returning from the Criminal Justice system	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Your child has been previously permanently excluded	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Your child is known to the Police or any other agencies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Your child is currently attending a Pupil Referral Unit (PRU)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Your child is currently attending a PRU and is now needing to reintegrate back into mainstream education	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Your child has an annual attendance of less than 70% or legal action has been taken for non-school attendance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Your child is at risk of being permanently excluded	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Your child has been out of education for two months or more	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Your child is of Gypsy, Roma or Traveller community	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Your child is a refugee or asylum seeker	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Your child is homeless	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Your child has special educational needs (SEN) but DOES NOT have an Education, Health and Care Plan (EHCP)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Your child has a disability or medical impairment that has a substantial and long-term effect on their ability to carry out normal day to day activities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Your child is a carer	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Declaration by Parent / Carer: I declare that all the information in this application form is correct. I understand if I make a false declaration the place could be withdrawn and / or legal action may be taken

Signed: Parent 1		Print Name:		Relationship to child:		Date:	
Signed: Parents 2		Print Name:		Relationship to child:		Date:	

Please return this completed form to Mrs S Gwilliam (Office Manager),
Ken Stimpson Academy, Staniland Way, Werrington, Peterborough PE4 6JT