The Holy Family Catholic School



a voluntary academy

IN-YEAR APPLICATION FORM

Section 1: Child	's details													
First name						Date o	of birth							
Middle name						Curre	nt Year G	roup						
Legal surname						Child'	s Religio	n						
Child's home								Da	ate mo	oved	in:			
address and postcode														
Section 2: Paren	t's / Carer	s' details												
Name of parent / ca			ess ab	ove										
First name	Preferred Title													
Surname					Re	lation	ship to ch	ild						
Daytime phone				Mobile										
Email address														
Home language					Do	you sp	beak Englis	sh?	Yes	5	N	10	Sor	ne
If another adult has parental responsibility and lives at a different address from the child, please give details below.														
If you give permission for another adult to discuss the application on your behalf (for example if you are not confident in spoken English) please give details below. We will only be able to discuss the application with people named on this form.														
Please give details of any siblings living at the same address who already attend Holy Family														
Sibling's name							Date of	birth	D	D	Μ	NY	[Y
Sibling's name	Date of birth									D	Μ	NY	(Y
If you are submitting	in-year applic	ations for more that	n one c	child, pleas	se wr	ite the	number o	f applic	ations	her	е			
Section 3: Reaso	on for char	nging school (p	lease	provide	fur	ther	details k	below)					
Moving from one ar														
Moved to Bradford	from anothe	r area of the UK		n town / cit	·									
Moved to Bradford	from anothe	r country	When	did the ch							1	Y	Y	
Other reasons. Prov	ride details be	elow, giving as much	n inforn	nation as p	ossi	ble. Co	ontinue on	a sepa	arate s	heet	if ne	cess	sary.	
Section 4: Schoo	ol history (this <u>must</u> be co	mple	ted ever	n if t	the p	revious	scho	ol wa	s n	ot iı	n th	e Ul	(ک
Current or most rec	ent school													
School address														
Town / City						P	ostcode							
Telephone				Has a	tran	sfer b	een discu	ssed v	vith th	e so	hoo	I?	Y	Ν
Date started	MMYY	Is the child still attending?		Y	N _	\rightarrow D	ate last at	tendeo	D	D	Μ	M	Y	Y
Reason for leaving														

Section 5: Additional Information																
Please indicate which of the following apply to your child. At least one box MUST be ticked. Please tick all that apply.																
Looked After Ch	ild o	or Formerly Looked A	After	Young Carer												
Asylum seeker /						Gypsy / Roma / Traveller child (delete as appropriate)										
Child with a disability / serious medical condition. Please give details and continue on a separate sheet if necessary. You will need to provide relevant supporting documentation before we are able to take the condition into consideration.																
Child with significant behaviour or attendance issues. Please give details and continue on a separate sheet if necessary:																
Child has been permanently excluded Child is registered on Elective Home Education																
Child has been o more	out c	of education for two I	nonth	ns or						Homeless child						
		e criminal justice sys		-					-							
Child is known to	o the	e police or other age	ncies,	, e.g. C/	AMHS, C	Shild Pro	ptection – p	lease give de	tails in t	the table below						
None of the above																
If any agencies / services offer support to your child, please provide details here																
	Age			C	ontact	Person		Contac	t Tele	phone Number						
CAMHS / Family																
	Child Protection / Safeguarding Board															
Education Welfare																
Educational Psy	/cho	logist														
Social Services																
Youth Offending Team																
Other (please state)																
		nonitoring (please	oirolo	o tha a	thnic o	rigin of	vour chil									
Bangladeshi		Black Caribbean		Black Afric		rigin oi	Chinese	iu)	Gypsy	Poma						
Indian		Mirpuri Pakistani		lixed Asia				African/White		Black Caribbean/White						
Traveller Irish heritage								rn European		White background						
Other Asian backgrou	0	Other mixe	ed backgro	und	Other Pakist	tani	Do not	wish to give ethnicity								
Section 7: Decl																
 I certify that I have parental responsibility for the child named in Section 1, that I have read and understood the attached guidance notes and that the information given on this form is true to the best of my knowledge and belief. I understand that giving false or misleading information and/or supporting papers, or withholding any relevant information, may result in the withdrawal of the offer of a school place. I understand that additional information may be requested from previous schools, local authorities or other agencies to validate this application. Signature of parent/carer.																
		-														
Data Protection Act 1998: by signing this form you are giving your consent for City of Bradford MDC Children's Services to process the information detailed in this form for the purposes of school admissions. The information may be shared not only with other departments but also with other relevant professionals and bodies such as schools, the Department for Education and the NHS. This sharing will only be done where it is necessary to provide you with a school place or where we are legally obliged to do so and is strictly in accordance with the Data Protection Act 1998.																
Please return the completed application form, including Part Two below to:																
Admissions, The Holy Family Catholic School, Spring Gardens, Keighley, BD20 6LH Or email: office@holyfamilyschool.uk																
Section 8: To be completed by a member of the SLT at your child's current school																
School name	Contact								Current School							
Tel/encell					name				stamp							
Tel / email					Post tit	ie										
Please confirm the	e atte	endance dates in Section	on 4. si	tamp th	e form a	nd tick th	ne relevant	box below.								
The student has a g			Í				on will be pro									
presents no challen		behaviour and requires	no		school.			-								
additional support.	- '		1													

PAR	T TWO																		
IN-YEAR APPLICATION FORM – FURTHER INFORMATION																			
To be completed by your child's current / most recent school																			
								Scho Name		on	ta	ct							
Student D O B									Student Current Year Group										
Stud	ent Name																		
Unique Pupil No.													SEN Stage						
Date	started M	\mathbb{N}	Y	Y	ls th	e pup	oil sti	ll a	attend	ding?	Υ	Ν	-	→Date I	ast attended	D	DI	M	ΥY
1	· · · · · · · · · · · · · · · · · · ·													If the	pupil is in Y1	0 or Y1	L1. plea	ase prov	vide
2 Has attendance been below 85% in the last 12 months?											Υ	Ν			• •		formation.		
3	(Attendance log required) Does the pupil present challenging behaviour? (Behaviour log required)											Ν			Subject Syllabus				
4	Has the child received any fixed term exclusions?											Ν							
5	Has a Managed Move been considered?																		
	6 Has the pupil previously attended a PRU?											N	-						
7 Is the pupil at risk of permanent exclusion?8 Has the child been removed from roll?											Y	N	_						
8 9	Does the pupil r						in sc	ho	02		Y	N	_						
10	Are any agencie	•							01:		Y	N	_						
11	Is the pupil subj										Y	N							
12	Does the pupil h										Υ	Ν	-						
13	Does the pupil q			•							Υ	Ν							
14											Υ	Ν							
14 Would you like to add any further information? Y N If you answered yes to any of these questions, please provide further details here: ADMISSIONS, THE HOLY FAMILY CATHOLIC SCHOOL, SPRING GARDENS LANE, KEIGHLEY BD20 6LH																			
	ADMISSIONS	5, TH	IE HO	DLY	FAMI	ILY C	ATH			CHOO 01535				IG GARI	DENS LANE, I	KEIGH	ILEY B	D20 6L	Н

email: office@holyfamilyschool.uk