



The Halifax Academy

www.thehalifaxacademy.org

IN YEAR ADMISSION FORM

- Before completing this form, please read the leaflet 'In-Year Admissions'
- Please complete the form in BLOCK CAPITALS / BLACK INK and sign it
- If your child has an Education Health and Care Plan or statement of special needs, please discuss this application with your SEN Caseworker before completing the form

For Admission to:	THE HALIFAX ACADEMY
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Section 1

Child's legal last name				Child's 'known as' last name <i>(if applicable)</i>	
Child's first name				Child's middle names(s)	
Child's date of birth	day	month	year	Child's gender (optional)	
Child's current permanent address					
Post code					

Section 2

Parent/carer last name				Parent/carer first name	
Relationship to child (please circle)	Mother Father Carer			Other <i>(Please specify)</i>	
Telephone numbers	daytime	evening		mobile	
Email address					
Are you a member of the armed forces	Yes / No				



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Section 3

If your child's siblings (brothers and sisters, including half brothers and sisters, stepchildren, adopted and fostered children living with the same family **at the same address**) attends The Halifax Academy please give details below. Please note that cousins do not count as siblings.

Sibling's surname	Sibling's first name	Sibling's date of birth (day / month / year)

Section 4

Please fill in this section if you will be moving house

New address					
Post code		Moving Date	day	month	year

Section 5 – Additional information

please circle

Is your child in public care (a looked after child)

Yes No

Has your child previously been in public care
(a previously looked after child)

Yes No

If you answered yes to either of these questions, please state which local authority your child is / was in the care of:

Section 6 – Your child's current or last school

Name of school				
Leaving date if no longer attending	day	month	year	
If you have recently moved to the area or are otherwise without a school place, please indicate that this is the case so that if your application for a place is successful a suitable start date can be agreed				



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Section 7

I have read and understood the accompanying leaflet (In-Year Admissions) before completing this form and I confirm that:
the information I have given on this form is correct

I understand that inaccurate or misleading information may lead to the withdrawal of the school place allocated

I have parental responsibility for this child

I can confirm my child has the right to be educated in the UK at a state funded school

Signature of Parent / Carer

Date

The information you provide will be used in order to process this application for a place at The Halifax Academy in accordance with the relevant published admission criteria and for any subsequent appeal. It will be stored securely and will not be disclosed to any other person or agency apart from relevant authorities in connection to the admission or appeal related process.