



Joseph  
Leckie  
Academy

Joseph Leckie Academy  
Walstead Road West, Walsall, WS5 4PG

Principal: James Ludlow

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## Mid-Year Admission Form

You must complete ALL sections of the application form. Completed form to be returned to Academy Admission's Officer: Mrs S Chhokar at Joseph Leckie Academy, Walstead Road West, Walsall WS5 4PG.

If you need help or advice please contact the Academy Admission's Officer Mrs S Chhokar by telephone on 01922 721071 ext. 271 or email: [s.chhokar@josephleckieacademy.co.uk](mailto:s.chhokar@josephleckieacademy.co.uk).

All data is held in accordance with the Data Protection Act 2018. Information is shared with schools and other Local Authorities for school admission purposes and will be kept on file for at least 12 months from the date of application. Please provide Passport or Birth Certificate for ID.

### Section 1: Your Child's Details

<b>Legal First Name of Child:</b> .....	<b>Legal Second Name of Child:</b> .....
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of Birth:</b> .....
<b>Home Address:</b> ..... .....	
<b>Post Code:</b> .....	
<b>Name of Parent/Carer One:</b> .....	<b>Name of Parent/Carer Two:</b> .....
<b>Address:</b> .....	<b>Address:</b> .....
<b>Post Code:</b> .....	<b>Post Code:</b> .....
<b>Relationship to child:</b> .....	<b>Relationship to child:</b> .....
<b>Is the child living with you?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is the child living with you?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Home Telephone Number:</b> .....	<b>Home Telephone Number:</b> .....
<b>Mobile Number:</b> .....	<b>Mobile Number:</b> .....
<b>Email Address:</b> .....	<b>Email Address:</b> .....

We would like to use your email address to register you with our Academy systems, please select if you are happy for your email address to be used for:

MyEd? ☐ Yes ☐ No

ParentMail? ☐ Yes ☐ No

### **Alternative Emergency Contact**

<b>Name:</b> .....	<b>Relationship to Child:</b> .....
<b>Home Telephone Number:</b> .....	<b>Mobile Number:</b> .....
<b>Home Address:</b> ..... ..... ..... <b>Post Code:</b> .....	

### **Section 2: statement of special educational needs, or an education, health and care plan**

Does your child have a STATEMENT OF SPECIAL EDUCATIONAL NEEDS, or an EDUCATION, HEALTH AND CARE PLAN? ☐ Yes ☐ No

If 'Yes', please state the name of the Local Authority that issued your child's statement of Special Educational Needs or Education, Health and Care Plan:

<b>Local Authority:</b> .....
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### **Section 3: Public Care**

Is your child designated as a Child in Care (LAC)? ☐ Yes ☐ No

If 'Yes', please state the name of the Council and Social Worker who are responsible for your child:

<b>Council:</b> .....	<b>Name of Social Worker:</b> .....
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Has your child ever been designated as a Child in Care (LAC)? ☐ Yes ☐ No

Is your child adopted or designated as being in Private Care/Guardianship arrangement?

☐ Yes ☐ No

### **Section 4: Medical Information**

<b>Doctor's Name:</b>	.....
<b>Doctor's Address:</b>	..... ..... <b>Post Code:</b> .....
<b>Doctor's Telephone Number:</b>	.....
<b>Dietary Requirements:</b>	.....
<b>Known Medical Conditions (including allergies):</b>	..... *If required, your child will be given first aid or urgent medical treatment during the school day.

**Are you new into the Country or Area?** Do you consent for routine health assessment to determine if your child has any unmet health needs? (Assessment to be completed by School Nursing Service) ☐ Yes ☐ No

### **Section 5: Disability**

Do you consider that your child has a disability as defined by the Disability Discrimination Act 1995\*?

☐ Yes ☐ No ☐ I prefer not to answer this question

If 'Yes', please give details: .....

.....

.....

### **Section 6: Free School Meal Entitlement**

The UK government funds free school meals for children in England who are attending a state school, free school or academy. A child will need to meet eligibility criteria based on their parents/carers immigration status or benefit entitlement.

Is your child eligible for Free School Meals? ☐ Yes ☐ No

Has your child ever been eligible for Free School Meals? ☐ Yes ☐ No

### **Section 7: Additional Information**

**Was your child born in this country?** ☐ Yes ☐ No

**If 'Yes', please state which Town/City your child was born in:**

.....

**If 'No', please state your child's Country of Birth:**

.....

**Date of arrival in the in the UK:**

**Child's Nationality:**

.....

**Did your child attend full time education in their country of birth?** ☐ Yes ☐ No

**Are you and your family seeking asylum?** ☐ Yes ☐ No

If 'Yes', please provide a copy of the NASS35 and the ARC card.

**Religion:**

.....

**First Language:**

**Home Language:**

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\* A physical or mental impairment which has substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities.

**How would you describe the ethnic group of your child? (Please tick one box):**

<b>WHITE</b> <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Traveller of Irish Heritage <input type="checkbox"/> Gypsy or Roma <input type="checkbox"/> Any other white background	<b>ASIAN or ASIAN BRITISH</b> <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background
<b>MIXED</b> <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed background	<b>BLACK or BLACK BRITISH</b> <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Black African <input type="checkbox"/> Any other Black background
<b>CHINESE and OTHER GROUPS</b> <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic background	<input type="checkbox"/> I do not wish an ethnic group to be recorded

**Travel Arrangements:**

<b>My child will travel to school by</b> (Please tick appropriate choice)			
<input type="checkbox"/> Walking	<input type="checkbox"/> Public Bus	<input type="checkbox"/> Car	<input type="checkbox"/> Bicycle
<input type="checkbox"/> Train	<input type="checkbox"/> Taxi	<input type="checkbox"/> Car Share	<input type="checkbox"/> Other (please specify) .....

**Section 8: Details of Current/Previous Schools**

<b>Primary School:</b> .....
<b>Is your child still attending this school?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If 'No', please give the date your child last attended:</b> .....
<b>Does the head teacher of your child's current school know about this application?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Previous Primary School:</b> .....
<b>Has your child ever been excluded from a current/previous school?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If 'Yes', give dates of and the reason(s) for fixed term and/or permanent exclusion(s):</b> ..... ..... .....

**Please give details of any other agencies that are involved with your child (e.g. YISP, CONNEXIONS etc.):**

.....

.....

## Section 9: Parental Permissions

You MUST complete this section.

The Data Protection Act 2018: The Academy is registered under the Data Protection Act 2018. The Academy has a duty to protect this information and keep it up to date. The Academy is required to share some of this data with the Local Authority and with the Department for Education.

To support their education and for safeguarding purposes, your child will accept the terms of using computers in the Academy.

**You MUST complete this section:**

**a. For Identification Purposes the Academy requires your child's photograph to be taken and stored with their Academy record.**

- i. I give permission for my child's photograph to be taken and used in internal Academy displays and publications: ☐ Yes ☐ No
- ii. I give permission for my child's photograph to be taken and used in external Academy publicity (i.e Websites, Newspapers, etc): ☐ Yes ☐ No

**b. I give permission for my child's biometric data to be used for Academy processes:** ☐ Yes ☐ No

**c. I give permission for my child's details to be shared with partner agencies:** ☐ Yes ☐ No

**d. In the event of the Academy closing early due to snow or bad weather, I give my permission for my child to:** ☐ go home ☐ go to a relative's home ☐ I do not give permission to go on their own

## Section 10: Reason for Application

Please state the reason for application: .....

.....

.....

.....

.....

.....

## Section 11: Admissions Meeting

In some instances, we may call parents/carers in for a mid-year admission's meeting to discuss their child's application to the Academy.

**Are there any dates or times you would be unavailable to attend?**

.....

.....

.....

**Will you be accompanied by a friend, supporter or professional representative?**

Yes ☐ No ☐

**Will you require the services of an interpreter?**

Yes ☐ No ☐

**If 'Yes', please specify which language you require? .....**

## Section 12: Declaration by the Parent/Carer with parental responsibility

- I understand that a place may be withdrawn if it is offered because of fraudulent or misleading information.
- I will notify the Academy of any changes in my home address which occur between the date of this application and any subsequent offer of a school place.
- I understand that the information I give on this form will be shared with schools and other Local Authorities for school admission purposes and will be kept on file and computer for at least 12 months from the date of this application.
- I have parental responsibility for the child.

**Full Name of Parent/Carer (please print):**

**Parent/Carer Signature:**

**Date:**

### Office Use Only:

**Date Application Received:**

**Parent's/carers' ID seen?** ☐ Yes ☐ No

**Child's Birth Certificate seen?** ☐ Yes ☐ No

**Appointment Date:**

**Test Date:**

**Start Date:**

**Applied to any other schools?** ☐ Yes ☐ No

**Managed move?** ☐ Yes ☐ No

### Test Results

Reading Age	Maths		Science
	Mark	Grade	