



Joseph Leckie
Academy

Joseph Leckie Academy
Walstead Road West, Walsall, WS5 4PG
Principal: Keith Whittlestone
Tel: 01922 721 071 Fax: 01922 641 497
email: postbox@josephleckieacademy.co.uk
web: www.josephleckieacademy.co.uk

Mid-Year Admissions Form

You must complete ALL sections of the application form. Completed form to be returned to Midyear Admission, Joseph Leckie Academy, Walstead Road West, Walsall, WS5 4PG.

If you need help or advice please contact the Academy by telephone on 01922 721071 ext. 250 or email: m.matharu@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

First Name of Child:		Second Name of Child:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Age:	Current Year Group:
Name of Parent / Carer:		Relationship to Child:	
Home Address:			
..... Post Code:		Is this a permanent address? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address:			

We would like to use your email address to keep in contact with you via MyEd, are you happy for us to use your email address to register you with MyEd? Yes No

Please provide us with details of 2 alternative Emergency Contacts:

Alternative Emergency Contact 1

Name:	Relationship to Child:
Home Telephone Number:	Mobile Number:
Home Address:	
..... Post Code:	

Alternative Emergency Contact 2

Name:	Relationship to Child:
Home Telephone Number:	Mobile Number:
Home Address: Post Code:	

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:

Local Authority:

Section 3: Public Care

Is your child in PUBLIC CARE (looked after children)? Yes No

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

Council:	Name of Social Worker:
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Section 4: Medical Information

Doctor's Name:	
Doctor's Address: Post Code:	
Doctor's Telephone Number:	
Known Medical Conditions (including allergies): *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

Is your child 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:

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:

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

WHITE

- British
 Irish
 Traveller of Irish Heritage
 Gypsy or Roma
 Any other white background

ASIAN or ASIAN BRITISH

- Indian
 Pakistani
 Bangladeshi
 Any other Asian background

MIXED

- White and Black Caribbean
 White and Black African
 White and Asian
 Any other mixed background

BLACK or BLACK BRITISH

- Black Caribbean
 Black African
 Any other Black background

CHINESE and OTHER GROUPS

- Chinese
 Any other ethnic background

I do not wish an ethnic group to be recorded

* 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.

Travel Arrangements:

My child will travel to school by (Please tick appropriate choice)

<input type="checkbox"/> Walking	<input type="checkbox"/> 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

Current/Previous School:

Is your child still attending this school? Yes No

If 'No', please give the date your child last attended:

Does the head teacher of your child's current school know about this application? Yes No

Previous Primary School:

Has your child ever been excluded from a current/previous school? Yes No

If 'Yes', give dates of and the reason(s) for fixed term and/or permanent exclusion(s):

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: 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

Section 10: Reason for Application

Please state the reason for application:

.....

.....

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Section 11: 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:

.....

ID 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	