Burnside College

IN YEAR APPLICATION FORM

This form should be completed when requesting a school place after the start of the Autumn Term in September and for year groups other than the first year of entry to a school.

Please complete a separate form for each of your children.

Please complete all of Section A below and **sign the declaration on the last page**

Section B must be completed by your child's current Headteacher if you are choosing to move schools

SECTION A - To be completed by Parent/Carer

I wish to make an application for my child to be admitted to Burnside College

1. Please state the date you wish your child to start:

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2. Please state the reason for your application:

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3. PUPILS DETAILS

Surname of Child: --

First Name of Child: --

Date of Birth of Child: --

Gender of Child: --

Parental Home Address: --

---------------------------------- Post Code: ------------------

Daytime Contact Tel. Number: --

Email Address Address: --

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Please indicate your relationship to the child by **selecting one of the following:**

Mother	Father	Step-parent	Carer	Social Worker	Other
☐	☐	☐	☐	☐	☐

Name of child's current or previous school: --

What is your child's first language?: --

Is the child in the care of a Local Authority?:   Yes   No
                                                          ☐   ☐

If Yes, please state which Local Authority: --

Please give them name of the social worker: --

Has the child been in care?:   Yes   No
                                      ☐   ☐

If you tick Yes your application must be supported with documentary evidence i.e. adoption certificate

Does your child have a Special Educational Need or an Education Health and Care Plan?:   Yes   No
                                                                                               ☐   ☐

Does your child receive additional support in school; if so please detail below what kind of support (this might be to support their learning, their behaviour or their health needs):   Yes   No
                                                                                                                                                                                                ☐   ☐

Do you or your child receive any support for example from a Social Worker; a Family Support Worker or somebody from health; please give details below:

Has your child been permanently excluded from any school?:   Yes   No
                                                                    ☐   ☐

If YES, please give details below:

Does this child have any siblings of school age?:

Yes   No

☐   ☐

If yes, please provide names of siblings:

Date of Birth of Siblings:

Name of schools siblings attend:

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5. Please list the name, address and date of any schools previously attended by the child you are making the application for (most recent first)

Name of School/Nursery	Address/Local Authority	Date Attended

6. Please list all previous addresses at which the child has lived and the relevant dates

Address	Dates from and to	Local Authority

Name of person completing this form: --

Date form completed: --

IN YEAR APPLICATION FORM

SECTION B - To be completed by current school

Section B must be completed by the Headteacher of your child's current or previous school (Please note your application may be delayed if Section B is not completed and signed by the Headteacher)

Date application form received from parent /carer	

1. Additional Support

Please tick the appropriate box below. For any boxes ticked please provide copies of the reports or provide relevant comments:

Support	Please tick relevant boxes		Comments
	Current	Historic	
Pupil Premium			
SEN Support (K)			
SEMH Interventions			
EAL			
EHA			
School Support Team			
Mentoring			
Silverdale Outreach			
Education Physchologists			
CAHMS			
Locality Team			
Language and Communication Team			
Dyslexia Team			
Speech and Language			
Harbour (Domestic Abuse support/ refuge)			
ACORNS (Domestic abuse support)			
PROPS (substance misuse support)			
Other please give detail:			

Details of professionals currently working with the pupil/family:

Name	Designation	Contact Details

2. Attendance

Last academic year %		Current academic year %	

Is the pupil currently attending school? :

Yes ☐   No ☐

Have non attendance procedures been initiated through the EAPS? :

Yes ☐   No ☐

3. Additional Comments

Has the pupil been referred to the School Support Team in North Tyneside? :

Yes ☐   No ☐

Has the pupil has previously been dual-educated either at Moorbridge PRU or Silverdale ARP? :

Yes ☐   No ☐

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4. Attainment and Progress

Subjects	Qualifaction and Exam Board	Current Attainment	Subjects	Qualification and Exam Board	Current Attainment

Please rate current academic progress:

Excellent	Good	Fair	Varied	Limited
☐	☐	☐	☐	☐

If progress is not good, please give reasons :

Diagnostic reading scores with date		Diagnostic Numeracy scores with date	

KS2 attainment – please record SAT scores where applicable:

5. Exclusions

How many fixed term exclusions in the last 2 academic years? : ---

Total number of days excluded from school:

Current Year		Previous Year	

Please provide details of fixed term exclusions:

Is the student at risk of permanent exclusion? :   Yes   No

☐   ☐

Any other information that would be useful to a receiving school? :   Yes   No

☐   ☐

If yes please provide a comment::

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6. Headteacher Comments

Name of Headteacher: ---

Signature of Headteacher: ---

Date: ---

Declaration - To be completed by Parent/Carer

Declaration:

By submitting this application form I give permission to the Access Team, to collect and retain information about me for the purpose of processing my application for a school place. I understand that the Access Team and schools which are their own admission authority may check the information I have provided with other information held by North Tyneside Council to make sure that the information I have provided is correct and accurate. I also understand that if I have given false or inaccurate information, any school place that is offered will be withdrawn. North Tyneside is the Data Controller for the purposes of the Data Protection Act 1998.

Full Name of Parent (Please print): --

Signature of Parent: --

Date: --

Returning your application form
Please return this application to:

Burnside College
St Peter's Road
Wallsend
NE28 7LQ

or email to c.jenkins@burnsidecollege.org.uk

FOR OFFICE USE ONLY

DATE RECEIVED BY SCHOOL:		DATE RECEIVED BY LOCAL AUTHORITY:	
ADDRESS VERIFIED:		**YEAR GROUP:**	
CRITERIA:			