



IN YEAR ADMISSIONS APPLICATION

George Grenville Academy
Chandos Road
Buckingham
MK18 1AP
01280 813273
office@georgegrenville.co.uk

For office use only	
Date application received	
Staff Name and Signature	

1. CHILD'S DETAILS	
First Name(s)	Legal surname
Date of Birth	Male / Female
Normal Home Address (The address & postcode at which the child normally lives). Please include address evidence.	
Name & address of current (or most recent) nursery / childminder	
Telephone number of nursery/childminder	
Does your child have any siblings attending GGA?	Please provide names

2. YOUR DETAILS	
Name(s) of parents/carers living at home address above (or with parental responsibility & living at an alternate address)	
Relationship to child	
Email address (we will use this to acknowledge receipt of your application)	
Telephone number	

3. SUPPORTING INFORMATION	
Is your child a 'Looked After Child'? <i>(For admission purposes, a "looked after child" is a child in care who is looked after by the LA, this includes a child who is accommodated, under a Care Order or Interim Care Order; OR a child who was previously looked after and immediately after being looked after became the subject of an adoption, residence or special guardianship order).</i>	YES/NO If 'Yes' please tell us which local authority supports the child and give a social worker contact name and telephone number. Social Worker contact name: Telephone number: Local Authority:

An EHC Plan is a document written by the local authority detailing the needs that a child has in learning at school, and the measures which the school will take to help them.

Is your child undergoing assessment for an Education Health and Care Plan (EHC)?	YES/ NO (delete as appropriate) If the answer above is 'Yes please indicate here which local authority is involved.
Has your child got an educational Health Care Plan?	YES/ NO
Does anyone in your family have Special Educational Needs?	YES/ NO (PLEASE ADD RELEVANT DETAILS)
Do you have any concerns about your child's:	Walking ☐ Talking ☐ Hearing ☐ Sight ☐ Toileting ☐ Eating / Drinking/ Sleeping
Has your child had contact with:	Health Visitor ☐ Nursing Team ☐ Speech therapist ☐ Physiotherapist ☐ Paediatrician ☐ Social Services / Family Support ☐
If you have ticked any of the boxes above please give further details.	
Have you withdrawn your child from a school? YES/NO If 'yes' please tell us why: Elect to home educate ☐ House move ☐ School suggested move ☐ You are requesting a transfer ☐ Other ☐ Please specify.....	
Please indicate the best time for to arrange a visit and a potential starting date.	

Has your child been permanently or temporarily excluded from any of his/her current or previous schools? If yes please attach the exclusion history	YES/NO
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Please confirm which school(s) and give date(s) and reason(s) Please note that we will contact your child's current or previous school in order to process this application.

School(s)

Date(s).....

Reason(s) for exclusion.....

CURRENT SCHOOL INFORMATION AND HEADTEACHER COMMENTS

Name of Headteacher or Deputy Headteacher of current school (Applications will not be accepted without agreement from one of the school staff listed)	Child UPN	I certify that I have seen the completed form and verify its content Signature
Please provide attendance percentage	%	
Is this child currently receive Free School meals or are they classed as 'Ever 6' Please provide proof of eligibility to George Grenville Academy School Office. (office@georgegrenville.co.uk)		
Headteacher/Deputy Headteacher comments – please include anything that you think may help make this transition move successful for the child		
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Headteacher/Deputy Headteacher comments – please include anything that you think may help make this transition move successful for the child		

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5. PARENTAL DECLARATION

Signature of parent/carer: Date: __/__/__
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Information supplied will be used for registration purposes under the Data Protection Act 1998.

Once completed you should return this form to George Grenville Academy office or email to office@georgegrenville.co.uk