



## APPLICATION FORM FOR A PLACE AT SOUTH NOTTINGHAMSHIRE ACADEMY

Before completing this form parents are strongly advised to look at our admissions policy on the school's website under 'Our School' > 'Policies and Documents'

[\(https://www.southnottinghamshireacademy.org.uk/\)](https://www.southnottinghamshireacademy.org.uk/)

Applications for a Year 7 place for a September admission should be made to the Local Authority as part of their coordinated scheme.

### SECTION A – YOUR CHILD

Full Legal Name:			
Date of Birth:		Gender (Male/Female):	
Current/Previous School:		Current School Year:	
Current/New Address:			
	Postcode:		
Previous Address (if you have moved within the past 2 months):			
	Postcode:		
Date of Move to New Address:			

If you arrived in the UK from another country, please state if this is the first time your child has lived in the UK	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If 'No', please state when your child previously lived in the UK, and give the name and address of the school they attended	Date			
Does your child speak English as an additional language?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

### SECTION B – SIBLINGS ALREADY ATTENDING SOUTH NOTTINGHAMSHIRE ACADEMY

Full Name	Date of Birth	Gender (please tick)		Is the home address of the brother or sister the same as that in Section A?
		Male	Female	
		<input type="checkbox"/>	<input type="checkbox"/>	Yes      No
If "no" please give full address:				
Postcode:				
Reason for different address:				



**SECTION C – PARTICULAR CIRCUMSTANCES OF YOUR CHILD**

Is your child in public care (often referred to as “looked after” by the local authority)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does your child have an Education, Health and Care Plan (EHCP)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If you have ticked yes in any of the above boxes, please name the local authority and/or name of social worker				

**SECTION D – PARENT DETAILS**

Full Name (include title, e.g. Mr, Mrs, Ms, Miss):			
Relationship to Child:			
Do you have parental responsibility for this child?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Your Address (if it is different from your child’s address):	Postcode:		
Reason for different address:			
Telephone Numbers:	Home	Work	Mobile
Email Address:			

**SECTION E – OTHER QUESTIONS**

Is this request due to:	<input type="checkbox"/>	Behaviour Issues	<input type="checkbox"/>
Change of Address	<input type="checkbox"/>	Bullying	<input type="checkbox"/>
Poor Attendance	<input type="checkbox"/>	Other (please specify in space below):	<input type="checkbox"/>
At risk of permanent exclusion	<input type="checkbox"/>		

Has your child ever been suspended on a fixed term basis from a school?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If “yes” please give details below:				
		Date of Suspension(s):		



Has your child ever been permanently excluded from a school?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If "yes" please state which school and when in the space below:					
Name of School:		Date of Exclusion:			

Is your child currently attending school?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If no, is your child being home educated?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is your child involved with the police or any other support agencies?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

#### SECTION F – DECLARATION

1. I certify that the information given on this form is correct. I understand that a fraudulent or intentionally misleading application could result in any offer of a place being withdrawn.
2. I have checked that all those with parental responsibility agree with this application.

**Full Name:**

**Signature:**

**Date:**

Please return this form to:

**Mrs S Murphy, Admissions Officer  
South Nottinghamshire Academy  
Cropwell Road, Radcliffe on Trent  
Nottingham, NG12 2FQ**

or via email at [s.murphy@snacademy.org.uk](mailto:s.murphy@snacademy.org.uk)