

APPLICATION FORM FOR A PLACE AT THE CARLTON JUNIOR ACADEMY

Before completing this form parents are strongly advised to look at our admissions criteria on the school's website www.carlton.notts.sch.uk

Please fill in this form using black ink and CAPITAL LETTERS

SECTION A

Full Legal Name:			
Date of Birth:		Gender (Male/Female):	
Current/Previous School:		Current School Year:	
Current/New Address:			
	Postcode:		
Previous Address (if applicable):			
	Postcode:		
Date of Move to New Address:			

SECTION B - BROTHERS OR SISTERS ALREADY ATTENDING OR APPLYING FOR THE CARLTON JUNIOR ACADEMY

Full Name	Date of Birth	Gender (please tick)		School Attending or Applied For			
		Male	Female				
Is the home address of the brother or sister the same as that in Section A?				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		No	
Does your child have a Statement of Special Needs	Yes		No	
If you have ticked yes in any of the above boxes, please name the local authority				

SECTION D - PARENT DETAILS

Full Name (include title, eg Mr, Mrs, Ms):				
Relationship to Child:				
Do you have parental responsibility for this child?	Yes		No	
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:			
Change of Address	<input type="checkbox"/>	Behaviour Issues	<input type="checkbox"/>
Poor Attendance	<input type="checkbox"/>	Bullying	<input type="checkbox"/>
At risk of permanent exclusion	<input type="checkbox"/>	Other (please specify in space below):	<input type="checkbox"/>

Has your child ever been excluded on a fixed term basis from a school?	Yes		No	
If "yes" please give details below:				
			Date of Exclusion(s):	

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

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 I understand that a fraudulent or intentionally misleading application could result in any offer of a place being withdrawn.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 are in agreement with this application.

Signature of Parent: _____

Date: _____

Please return this form to:
 Admissions Officer
 The Carlton Junior Academy
 Foxhill Road, Carlton
 Nottingham NG4 1QT