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.thecarltonjunioracademy.org.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:			I		Current (ear:	Scho	ol		
Current/New Address:				1					
	Postcode:								
Previous Address (if applicable):									
	Postcode:								
Date of Move to New Address:									
SECTION B - BROTHE CARLTON JUNIOR AC		T	please tick)	Curi	rently		Appl	lying fo	
Full Name	Date of Birth	Male	Female	attending The Carlton Junio Academy (please tick)			place at The Carlton Junion Academy (please tick)		
Is the home address of the brother or sister the same as that in Section A?							No		
If "no" please give ful	l address:								
Postcode:									
Reason for different a	ddress:								
SECTION C - PARTIC	JLAR CIRCUMST	ANCES O	F YOUR C	HILD					
Is your child in public care (often referred to as "looked after" by the local authority)						Yes		No	
Does your child have an Education Health Care Plan						Yes		No	
If you have ticked yes authority	in either of the a	above boxe	es, please r	name the l	ocal		1	1	

SECTION D - APPLICANT DETAILS & DECLARATION

Full Name (include title e.g. Mr, Mrs, Ms, Miss, other i.e. Dr, Rev - please state):									
Relationship to Child:									
Do you have parental responsibilit	y for this child? (please tick)	Yes		No				
Your Address (if it is different from your child's address listed on the front of this application, or you are moving house):	Postcode:								
Reason for different address, please give details here: You will also need to include evidence to verify your child's permanent address with your application.									
Telephone Numbers:	Home	Work	Work		Mobile				
Email Address:		· · · · · · · · · · · · · · · · · · ·		'					
SECTION F - DECLARATION 1. I certify that the information gi intentionally misleading applica 2. I have checked that all those w	ation could resul	in any offer	of a place	being wit	hdrawn.				
			_						
Signature of Parent:			Dat	te:					
Please return this form with proof o	of the pupil's ide	ntity and add	ress to:						

Admissions Officer The Carlton Junior Academy Foxhill Road, Carlton Nottingham NG4 1QT