

## Mid-Year Admission Form Academic Year 2023-24

**YEAR 7 8 9 10 11 12**

*(please circle the appropriate year group)*

<b>Child's Information</b>	
<b>Child's First Name</b>	
<b>Child's Surname</b>	
<b>Date of Birth</b>	
<b>Gender</b>	
<b>Home Address (including postcode)</b>	
<b>Parent/Carer Information</b>	
<b>Parent/Carer First Name</b>	
<b>Parent/Carer Surname</b>	
<b>Contact Number</b>	
<b>School Information</b>	
<b>Current School Name</b>	
<b>Current School Address</b>	
<b>Reason for Leaving</b>	

## Criteria

(please circle the appropriate answer)

<b>Have you completed the Local Authority On-line Application Form?</b>	<b>YES / NO</b>
<b>Is the child in Public Care?</b> (a Looked After Child)	<b>YES / NO</b>
<b>Does the child have a Statement of Special Educational Needs or EHCP?</b>	<b>YES / NO</b>  If YES please enclose evidence
<b>Does the child have a sibling attending the academy?</b>	<b>YES / NO</b>  If YES please provide information below
<b>Sibling's Name</b>	
<b>Sibling's Form Group</b>	

### Any Additional Comments

<b>Signature (Parent/Carer)</b>	
<b>Print Name</b>	Mr/Mrs/Miss/Ms
<b>Relationship to Child</b>	
<b>Date</b>	

**Please return this form to:**

Ormiston Sheffield Community Academy  
 Broad Way  
 Pelsall  
 Walsall  
 WS4 1BW  
 Or Email to: [R.Carnall@scacademy.co.uk](mailto:R.Carnall@scacademy.co.uk)

*Office Use only*

<i>Date Received</i>		<i>Added to Waiting List</i>	
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