

**Mid-Year Admission Form**

**Academic Year 2025-2026**

**YEAR 7 8 9 10 11 12**

*(please circle the appropriate year group)*

|  |  |
| --- | --- |
| **Child’s Information** | |
| **Child’s First Name** |  |
| **Child’s Surname** |  |
| **Date of Birth** |  |
| **Gender** |  |
| **Home Address**  **(including postcode)** |  |
| **Parent/Carer Information** | |
| **Parent/Carer First Name** |  |
| **Parent/Carer Surname** |  |
| **Contact Number** |  |
| **Email Address** |  |
| **School Information** | |
| **Current School Name** |  |
| **Current School Address** |  |
| **Reason for Leaving** |  |

|  |  |  |
| --- | --- | --- |
| **Criteria** | | |
|  | | (please circle the appropriate answer) |
| **Have you completed the Local Authority On-line Application Form?** | | **YES / NO** |
| **Is the child in Public Care?**  (a Looked After Child) | | **YES / NO** |
| **Does the child have a Statement of Special Educational Needs or EHCP?** | | **YES / NO**  If YES please enclose evidence |
| **Does the child have a sibling attending the academy?** | | **YES / NO**  If YES please provide information below |
| **Sibling’s Name** | |  |
| **Sibling’s Form Group** | |  |
| **Any Additional Comments** | | |
|  | | |
| **Signature (Parent/Carer)** |  | |
| **Print Name** | Mr/Mrs/Miss/Ms | |
| **Relationship to Child** |  | |
| **Date** |  | |

**Please return this form to:**

Ormiston Shelfield Community Academy

Broad Way

Pelsall

Walsall

WS4 1BW

Or Email to: [postbox@scacademy.co.uk](mailto:postbox@scacademy.co.uk)

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| --- | --- | --- | --- |
| *Office Use only*  *Date Received* |  | *Added to Waiting List* |  |