



ST MARK'S CE PRIMARY SCHOOL IN-YEAR APPLICATION FORM – 2024/5 ACADEMIC YEAR

Please use this form to apply to St Mark's CE Primary School only. Please complete a separate form for each child and use BLOCK CAPITALS.

Your Child's Details: (Please do not use abbreviated or 'known as' names)							
Legal Surname:							
Legal Forename:	Middle Names:						
Gender:	Date of Birth:	'ear Group:					
Current Address:							
Postcode:							
Current School or most recent School name and address:							
Doctoodo	Talanhana Na						
Postcode: Telephone No:							
If your child has already left the school, please give the last date they attended//							
Does your child have an Education,	Health & Care Plan?	Yes: No:					
Is your child in the care of a Local Authority under the Children Act 1989? Yes: No: (i.e. foster care)							
If yes, please provide details of the Local Authority and the social worker:							
Local Authority:							
Social Worker:	Tel No:						
Was your child previously in the care of a Local Authority? Yes: No:							
If yes, please provide a copy of your Adoption Certificate or Special Guardianship Order							
For Official Use only Date form received:	Offered: Yes No No	Refused: Yes No					
bute form received.	Date:	Date:					

ADMISSIONS CRITERIA	. /:	/-		
CRITERIA	YES (√)	NO (√)	FOR OFF USE OI	
Child is in Public Care or Formerly in Public Care			LAC	
Is your child a vulnerable child with an identified medical or social need?			Vul	
If yes, please provide written evidence from a medical professional/current LA.			Catch	
Do you live in the school's catchment area?			Sib	
Does your child have a sibling at St Mark'sCE Primare School?	,		Dist	
Name:	Year group:		Dist:	·
REASONS FOR APPLYING (this information is used) Please state your reasons for requesting a place at S ARENT/CARER DETAILS				
		rimary Scho		
Please state your reasons for requesting a place at S ARENT/CARER DETAILS		rimary Scho	ol:	
Please state your reasons for requesting a place at S ARENT/CARER DETAILS Title: First Name:	: Mark's CE Pi	rimary Scho	ol:	
ARENT/CARER DETAILS Title: First Name: Tel No (day):	: Mark's CE Pi	rimary Scho	ol:	
ARENT/CARER DETAILS Title: First Name: Tel No (day): Email address:	: Mark's CE Pi	rimary Scho	ol:	

Please do not forget to sign the form on Page 4, before asking your child's current Headteacher to complete the information requested on Page 3. If Page 4 is not signed, your application cannot be processed and the form will be returned to you.

INFORMATION FROM YOUR CHILD'S CURRENT HEADTEACHER

This page of the application form is discretionary

St Mark's CE Primary School requests that your child's current / most recent headteacher completes this page of this application. This will assist us in best supporting your child's placement.

Pupil's name:	DoB:	Year Group: _
Date this pupil started at your school:		
f the pupil has already left your school, last date attended	l:	
1. Has this pupil ever been permanently excluded?	Yes 🗖	No 🗖
2. Is the pupil on the school's SEN support register?	Yes 🗖	No 🗖
If yes, please give a brief outline of need:		
3. Attendance percentage this academic year% /	Attendance percentage last	academic year
4. Has the pupil had any managed moves?	Yes 🗖	No 🗖
5. Has the pupil had any respite at another school?	Yes 🗖	No 🗖
5. Has the pupil ever been on a reduced timetable?	Yes 🗖	No 🗖
7. Please specify any agencies involved and details of the p	orofessional/keyworker:	
3. Please give details (reason, date & length) of any fixed to	erm / internal exclusions:	
3. Please give details (reason, date & length) of any fixed to	erm / internal exclusions:	
3. Please give details (reason, date & length) of any fixed to		s 🗆 No 🗖
	on learning? Ye	s
9. Is there evidence of challenging behaviour that impacts	on learning? Ye	
9. Is there evidence of challenging behaviour that impacts If yes, please give brief details:	on learning? Ye	
9. Is there evidence of challenging behaviour that impacts If yes, please give brief details:	on learning? Ye	

Privacy Notice

We are collecting this personal information from you in order to process your application, and if further information is needed in order to do so, you may be contacted using the details provided. In performing this service, your information may be shared with other education establishments, including your child's current school, those with parental responsibility, the Local Authority, the Department for Education or additional relevant departments, however, this will only happen when it is necessary for the service to be provided.

The information you supply is being collected for the purpose of providing an education service but may be used for wider purposes and will be retained with your child's education record. The information provided will be held on file and may also be stored electronically and will be used for the purpose of its involvement in giving support and advice in relation to the child/young person as specified above.

More detailed information about the school's handling of your personal data can be found in its privacy policy, available online, or on request.

Declaration and signature of Parent/Carer

- I understand the information outlined in the privacy notice, above.
- I certify that the information I have given on this form is correct to the best of my knowledge. I understand that any place offered may be withdrawn if I give false information, even if my child has started at the school.
- I understand that if a school place can be offered, I will take up that place, and my child's current school place will be withdrawn.

Name of parent/carer (please print):					
Signature of parent/carer:	Date:				
Relationship to child:	·				

Please return your completed form and any supplementary information to:

St Mark's CE Primary School High Street Swanage Dorset BH19 2PH

Tel: 01929 480428

Email: StMarksSwanage.Office@coastalpartnership.co.uk