



## APPLICATION FOR IN-YEAR ADMISSION TO ST CRISPIN'S SCHOOL

All sections of this application form must be completed where applicable. Reference should be made to the school's admissions policy and the In-Year guide to understand the basis on which your application will be considered by the school. Your completed application form must be returned to the school at [admissions@thecircletrust.com](mailto:admissions@thecircletrust.com) or by post to the Data and Admissions Manager, c/o The Circle Trust, St Crispin's School, London Road, Wokingham RG40 1SS. Please use CAPITAL letters.

Applications will be considered 5 working days in advance of the place being required.

The In-Year guide is available on the in-year page at [www.wokingham.gov.uk/admissions](http://www.wokingham.gov.uk/admissions). If you wish to apply for any other school in the Wokingham borough, you may apply to the Wokingham Borough Council by completing the form available at: [www.wokingham.gov.uk/schools/inyear/](http://www.wokingham.gov.uk/schools/inyear/).

### SECTION 1 – APPLICATION INFORMATION

Date from which admission is required	Day	Month	Year
Reason for your application (please tick as appropriate)	<p>A Moving to the area from another area of the United Kingdom <input style="float: right;" type="checkbox"/></p> <p>B Moving to the area due a posting to the area (applicable to Crown Servants and Service personnel) <input style="float: right;" type="checkbox"/></p> <p>C Moving to the area from abroad <input style="float: right;" type="checkbox"/></p> <p>D Moving within the area <input style="float: right;" type="checkbox"/></p> <p>E Wanting to transfer schools but not moving <input style="float: right;" type="checkbox"/></p>		

### SECTION 2 – YOUR CHILD'S DETAILS

Child's full name	Legal Surname:  First name:  Middle name(s):  Preferred Surname if different from above:
Please circle:  Male                  Female	Date of Birth:  Day                          Month                          Year

[OFFICIAL]

## SECTION 2 – YOUR DETAILS

<p>Name and contact details of parent</p> <p>If you are caring for someone else's child for more than 28 days and you are not an immediate relative; you may be private fostering and it is a legal responsibility to contact the local authority on 0118 974 6243 or see council website</p>	<p>Full name:</p> <p>Title:</p> <p>Relationship to child:</p> <p>Do you have parental responsibility? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please provide details.</p> <p>Home telephone:                      Mobile:</p> <p>Email:</p> <p>Current address:</p> <p>House number:                      House name:</p> <p>Street:</p> <p>Town/Village:</p> <p>County:                                  Post code:</p> <p>Is this the child's address:                      Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Current address of child if different to parent</p> <p>Evidence of address will be required e.g. council tax bill, rental agreement.</p>	<p>House number:                      House name:</p> <p>Street:</p> <p>Town/Village:</p> <p>County:                                  Post code:</p>
<p>If moving, details of proposed new address.</p> <p>Evidence of move will be required.</p> <p>Please advise if there are any changes to these plans as this may affect the allocation of a school place.</p>	<p>Anticipated date of move:</p> <p>House number:                      House name:</p> <p>Street:</p> <p>Town/Village:</p> <p>County:                                  Post code:</p> <p>New home telephone number:</p> <p>Have you exchanged contracts or completed, or are you in receipt of a signed rental agreement for this property? (Please submit this information with your application when it is available).</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

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**SECTION 3 – CURRENT OR LAST SCHOOL**

<p>Child's current or last school</p>          <p>Continue reasons for leaving on additional sheet of paper if there is insufficient space</p>	<p>Name of school:</p> <p>Address:</p>   <p>School telephone number:</p> <p>School email address:</p> <p>Date of last attendance, if not currently attending:</p> <p>Year group:</p> <p>Reason for leaving or reason for request to change school:</p>  <p><u>School History</u></p> <p>Please list all the schools your child has attended</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"><thead><tr><th style="width: 50%;">Name of School</th><th style="width: 15%;">From</th><th style="width: 15%;">To</th><th style="width: 20%;">Local Authority</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>	Name of School	From	To	Local Authority												
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<p>Please note that The Circle Trust may seek further information from your child's current school to verify information provided on this application form or to determine whether the Fair Access Protocol should be considered for your child's application.</p>	<p>Has this school move been discussed with your current Head Teacher?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, please give date of the meeting .....</p> <p>Headteacher signature .....</p> <p>Serious consideration should be given to moving a child in year 10 or 11 as this can adversely affect your child's education. Where a place is available at the school; course subjects may be full and where a course can be followed, the subject may have been completed in a different order to your child's previous school.</p>
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## SECTION 4 – SCHOOL PREFERENCE

You are applying for St Crispin's School and this is your opportunity to give your reasons for your preference. Please refer to the Wokingham Admissions In-Year guide at [www.wokingham.gov.uk/admissions](http://www.wokingham.gov.uk/admissions)

**Reason for choosing St Crispin's School:**

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**SECTION 5 – ADDITIONAL INFORMATION**

A Does your child have a statement of Special Educational Need or an Education, Health and Care Plan (EHCP)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
B Is your child undergoing a statutory assessment?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
C Does your child have other special needs or disability or medical condition (but without a statement)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
D Is your child in the care of a Local Authority (Looked After Child)? Or has your child been previously looked after but ceased to be so because they were adopted (or became subject to a child arrangements order or special guardianship order) immediately following having been looked after? If you answer YES to either of these questions, you must attach all relevant documentation with this application.				
Yes <input type="checkbox"/> No <input type="checkbox"/>				
Name of local authority: .....				
E Is your child from a UK Service Personnel family? If you answer YES please attach all relevant documentation?				
Yes <input type="checkbox"/> No <input type="checkbox"/>				
F Has your child ever been permanently excluded from a school?				
Yes <input type="checkbox"/> No <input type="checkbox"/>				
School(s): .....				
Date of exclusion.....				
G Has your child ever been given fixed exclusion(s) from a school?				
Yes <input type="checkbox"/> No <input type="checkbox"/>				
Name of school(s):.....				
Number of days: .....				
H Has your child been out of education for two months or more?				
Yes <input type="checkbox"/> No <input type="checkbox"/>				
I Have you had contact with an Education Welfare Officer?				
Yes <input type="checkbox"/> No <input type="checkbox"/>				

J Have you had contact with Children's Social Care (Social Services)? Yes  No

Name of Social Worker: .....

Name of Local Authority: .....

K Is your child a Gypsy, Roma, Traveller, refugee or asylum seeker? Yes  No

L Has your child come from the criminal justice system? Yes  No

M Is your child homeless? Yes  No

N Is your child a young carer? Yes  No

O Is your child from a family experiencing domestic violence, who may be resident in a refuge? Yes  No

If you have ticked yes to any of the above questions you must attach all relevant supporting information. It may be necessary to forward your application to the Fair Access Panel for consideration as this will ensure the appropriate support is provided for your child's education. If this happens you will be contacted. FAILURE TO DECLARE ANY INFORMATION REQUESTED ABOVE COULD LEAD TO A DELAY IN PROCESSING THE APPLICATION OR WITHDRAWAL OF AN OFFER OF A SCHOOL PLACE AND POSSIBLE REFERRAL TO THE FAIR ACCESS PANEL. THIS COULD DELAY YOUR APPLICATION FURTHER. Please ensure you attach any information that is relevant to your application.

P Are you applying on grounds of serious medical, or social need? Please submit the evidence required with your application Yes  No   
Refer to the In-Year guide for further information.

Q Does your child have a sibling(s) living at the same address attending St Crispin's School? Yes  No

Name of child	Date of birth

**R FOR YEAR 10 AND 11 PUPILS ONLY:** Please provide details of GCSE or other qualifications being studied:

Subject	Exam Board	Course Code	Modules completed, if applicable

Please note that if you are considering moving your child in these year groups, there may be considerable difficulty matching the curriculum and difficulties with space in specific teaching groups in subjects that limit the number of pupils that can be safely accommodated e.g. science and technology, or where courses are full with applicants already at the school.

**IT IS COMPULSORY TO VISIT THE SCHOOL BEFORE SUBMITTING AN APPLICATION FOR YEAR 10 OR 11**

Please enter the date you visited the school.....

Please state which senior member of staff you meet on the visit.....

## SECTION 6 – DECLARATION

Personal information contained in this form is subject to the Data Protection Act 1998. The school uses information about children for whom it provides services to carry out specific functions for which it is responsible such as school admissions. Data will be exchanged with Wokingham Borough Council and other local authorities, schools or governmental agencies where necessary as part of the admissions process.

The school reserves the right to carry out further investigations and require additional evidence to verify information contained in this form, including contacting the child's previous school.

Please note that the information will not be disclosed to any other organisation without your consent other than to the LA, other local authorities or government agencies e.g. DfE or Local Government Ombudsman for school admission purposes. Please refer to In-Year Guide for further information.

I enclose supporting information relating to (please tick):

Section 1A  Section 1B  Section 1C  Section 1D  Section 1E

Section 5A to QB  Other

I declare that the information I have given on this form is correct and that I am the person with parental responsibility for the child named above. Following an offer of a place, I will be required to provide a copy of a birth certificate before a start date can be confirmed.

I agree that the information I provide may be shared as part of the admissions process.

I confirm that, to the best of my knowledge, the declared address will continue to be the child's residence beyond the start of school.

I have read and understood the Wokingham Borough Council In-Year guide, the schools admission arrangements and criteria for St Crispin's School.

I understand that any place offered may be withdrawn if I give false or misleading information.

Signature of  
Parent/carer:

Date:

Please return the application form to:

Data and Admissions Manager  
c/o The Circle Trust  
St Crispin's School  
London Road  
Wokingham RG40 1SS

Or email to:

[admissions@thecircletrust.com](mailto:admissions@thecircletrust.com)