

SECONDARY SCHOOL IN YEAR ADMISSION APPLICATION FORM

Section A: Pupils Details	
First Name (s)	
Surname	
Gender	
Date of Birth	
Year Group	
Home Address	
Post Code	
Is the child Looked After (in public care)	Yes / No
Is the child previously Looked After (previously in public care)	Yes / No
Does the child have an Education Health and Care Plan (EHCP)?	Yes / No

Section B: Parent / Carer Details	
Title	
First Name (s)	
Surname	
Are you the child's	Parent / Carer / Social Worker
Telephone Number	
Email Address	
Is there anyone who should not have access to, or information about the child?	Yes / No
If Yes please specify who and for what reason	

Section C: Current School Details	
Current School	
Address	
Postcode	
Telephone Number	
Is your child currently still attending this school?	
If no, Date last attended	
If in year 10 or 11 what GCSE subjects are being studied and which exam boards?	

Headteacher: Mr Thurley
Beacon Academy
Chatsworth Place
Cleethorpes
DN35 9NF



t: 01472 328888
E: office@beaconacademy.co.uk
w: www.beaconacademy.co.uk

Section D: Reason for Admission / Transfer

Reason for admission / transfer request (If you have moved house please give the old and new address and date of moving. Please note we may request some evidence of the move).

Empty box for providing the reason for admission or transfer request.

Section E: Other Information

If you are requesting a transfer due to a change of address or for any other reason, have you informed your child's current school?

No / Yes – if yes date current school informed:.....

If you do not wish to discuss the transfer with your child's current school, please advise the reason for this below and sign. Please note that it may be necessary to contact your child's previous school for information with regards to attendance, attainment and behaviour in order to process your request.

Empty box for providing other information regarding the transfer request.

Parent / Carer Signature

Date

Headteacher Jason Thurley BA (Hons) PG Cert
Beacon Academy Chatsworth Place, Cleethorpes DN35 9NF
www.beaconacademy.co.uk • 01472 328888 • office@beaconacademy.co.uk



Are there any other agencies/services involved with the child/family? If Yes, Please give details	
Does your child have any additional learning/medical needs?	
If Yes, Please give details	

Section F: Reason for Requesting Admission to Beacon Academy	
Reason for Request	Sibling / Distance to Academy / Other (Please state)
If sibling, please provide Name & Date of Birth	
Is the applicant a child of a member of staff employed by the school?	
If Other, please state reason(s)	

If all of the relevant sections have not been completed or if information is incomplete, the form will be returned to you and this could delay your application. Therefore, please ensure you complete the form in as much detail as possible.

Section G: Declaration

I confirm that by signing this document, where more than one person shares parental responsibility for the child, I have consulted and agreed with that person on this application prior to submission. In addition I am aware that where parents/carers share equal parental responsibility for the child then only one address can be considered and this is the one nominated on this document.

I declare that the information provided is correct.

I understand that the information I have provided to Beacon Academy regarding my child and family will be recorded and used for the purpose of providing services, support, advice and guidance to my child and family.

I agree to my family's personal information being processed and shared by Beacon Academy Academy with appropriate partners and organisations to enable them to provide us with services, support, information, advice and guidance in order to achieve a positive outcome for me and my family.

Beacon Academy is the Data Controller for the processing of my personal information and that will process all personal information in accordance with the Data Protection Act and GDPR.

Name	
Signature	
Relation	Parent / Carer / Social Worker (Delete as Appropriate)
Date	

What do I need to do now?

1. Unless you have signed Section E above you should give the whole form to your child's current school.
2. They should complete page 5 of this form and then return it back to you.
3. You should then send the whole form to:

Beacon Academy
 Chatsworth Place
 Cleethorpes
 DN35 9NF

Alternatively please email: office@beaconacademy.co.uk

SECONDARY IN YEAR COMMON APPLICATION FORM PART TWO

This part should be completed by the child's current school and then the whole application may be submitted to Beacon Academy.

Current School Details

Name of School	
Contact Name (for admissions)	

Note: On Completion by the current school this form is to be returned to the Parent/Carer for them to forward to **office@beaconacademy.co.uk**

Has the transfer been discussed with the school?	
Name and designation of person with whom discussed:	
Signature:	
Is the transfer due to a significant change of address?	Yes / No
What is the pupil's current attendance?	%
Has the pupil received any fixed term exclusions?	Yes / No
If Yes, please give details / attach behaviour log:	

Is there any advice or information that you feel would assist the requested school? (e.g. other agencies involved, any additional support required?)
If relevant, please give details on Options / Examinations courses:

Headteacher: Mr Thurley
Beacon Academy
Chatsworth Place
Cleethorpes
DN35 9NF



t: 01472 328888
E: office@beaconacademy.co.uk
w: www.beaconacademy.co.uk

Please attach a copy of pupils educational profile / academic levels

School Stamp

Headteacher Jason Thurley BA (Hons) PG Cert
Beacon Academy Chatsworth Place, Cleethorpes DN35 9NF
www.beaconacademy.co.uk • 01472 328888 • office@beaconacademy.co.uk

