

IN YEAR ADMISSIONS For admission from September 2022 to July 2023

IMPORTANT INFORMATION

This form should be used for all pupils in Foundation, Year 1 or Year 2 who require a place at Olney Infant Academy, part of the IFtL Trust, either during or at the start of the school year and who are not due to start school for the first time. This may be due to a house move or to request an alternative school place. If the child has a statutory statement of Special Educational Needs (SEN) please contact the Special Educational Needs Team at Milton Keynes Council for information on how to apply (inclusionandinterventionteam@milton-keynes.gov.uk) 01908 657825 between 8.30 and 4.30 weekdays.

Before you apply

Please read the important information below before completing the application form.

- Applications for in year school places should be made by completing the attached form.
- This form is to be used only for an application to Olney Infant Academy.
- The school place will normally be required within two months of the application date. Applications will be accepted for a September admission from the preceding April. School places cannot be reserved therefore we process and allocate places, where possible, close to the date the school place is required. Once a school place has been offered the child should start attending by the date agreed with the school otherwise the place may be withdrawn.
- If you are moving into our reserved area, documentary evidence in the form of a solicitor's letter to confirm exchange of contracts or a copy of your signed lease agreement may be required to support your application.
- If you have moved to the area from overseas you must provide a copy of your child's passport and visa.
- Your application will not be processed until your child/ren is/are resident within the country.
- Olney Infant Academy reserves the right to seek further documentary evidence if appropriate.

School Section

If the child is currently attending a school within the Milton Keynes Local Authority you **must** get the school section of the form completed by your child's current school. Failure to do so will result in a delay in processing your application.

Useful Information

You can print this form and notes as a PDF document from our website: www.olneyinfantacademy.co.uk



IN-YEAR APPLICATION FOR A SCHOOL PLACE AT OLNEY INFANT ACADEMY For admissions from September 2022 to July 2023

PLEASE ALLOW 15 SCHOOL WORKING DAYS TO PROCESS

For parents of children who are seeking admission to Olney Infant Academy after the normal point of admission

Please read the guidance notes before completing the form. Once complete return to the address on page 3

PLEASE WRITE CLEARLY IN DARK INK

| 1. Child's details | | | | |
|---|---|----------------------|------------------|----------------|
| Child's legal surname | | First name(s) | | |
| Child's date of birth | | Year group | | Male / Female |
| Child's normal home address | | | | |
| (This is the address at which the child named above normally lives) | | | | |
| | Postcode | | | |
| Council tax is paid to | | | | |
| | If you do not pay Council Tax on this papplication for this address | property please er | nclose a utility | bill with your |
| Council tax account number | | | | |
| Name of current (or most recent) school/nursery | If now left this school/nursery, please a | give last date of at | tendance | <i>J</i> |
| Address of school | | | Telephone | |
| Language spoken at home | | | | |

| 2. Your details | | | |
|--|-----------------------------|---|--|
| Name(s) of parents/carers living at home address above | Title: Mr / Mrs / Miss / Ms | | |
| Relationship to child | | | |
| Email address | | | |
| Home/daytime telephone number | | Alternative telephone number (e.g. mobile) | |

| If another adult has parental responsibility but does not live at the same address as the child, please include details | | | | |
|---|---|---------------------|--------|--|
| | | | | |
| 3. Further information | | | | |
| Is your child in the care of a local authority? | Yes No No | Local Authority | | |
| | If the answer above is 'Yes' please tel and give a social worker contact nam | | | |
| | Name | Telephone | | |
| Does your child have any brothers or sisters attending Olney Infant Academy? | Yes No No | Date of birth | School | |
| /teademy: | Traine | Date of Siltin | ounce. | |
| | | | | |
| | | | | |
| | | | | |
| 4. Reason for request for admission | or transfer | | | |
| Date admission required | | | | |
| | | | | |
| Recent move to the reserved area | Please give new address and provide evidence of residence in form of the council tax bill for the property and a utility bill | | | |
| Please tick if applicable | | | | |
| Move date// | | | | |
| | | | | |
| | | | | |
| Transferring school within Milton Keynes (and neighbouring authorities) | Please tell us your reasons for reques | sting a school tran | sfer | |
| Please tick if applicable | | | | |
| You must ensure that Section 8 is completed and signed by the Headteacher of your child's current school | | | | |
| | | | | |
| 5. Educational factors we should be | aware of | | | |
| Does your child hold a statement of special educational needs Yes No | | | | |
| Is your child currently undergoing as | Yes No | | | |
| If you have answered yes to either question above, which local authority is involved? | | | | |
| Does your child speak English? | Yes No | | | |

| Have you withdrawn your child from a school? | | | | lo 🗌 | | |
|--|---|-----------|----------------------|--------------------------------|--------------|------------|
| Has your child been excluded from school? Yes | | | | Yes N | lo 🗌 | |
| Has your child been supported by any other agencies i.e. Education Welfare Service? Yes | | | | Yes N | lo 🗌 | |
| Is the child subj | ect to a court order or known to | o any ot | her agency, i.e. Chi | Idren's Services? | Yes N | lo 🗌 |
| Please add any information you would like us to know before we process your application | | | | | | |
| • | , | | ' | , , , , | | |
| | | | | | | |
| | | | | | | |
| 6. Ethnic monit | toring | | | | | |
| We would be gr | rateful if you could indicate you | r child's | ethnic background | I. The information provide | d here is on | lv used |
| for monitoring | | | | | | ., |
| | | Tick | | | | Tick |
| White | English | | Other Groups | Chinese | | 1 |
| | Scottish | | 1 | Japanese | | |
| | Welsh | | 1 | Any Other Ethnic Gro | oup | |
| | Other White British | | Black or | Black Caribbean Back | ground | |
| | Irish | <u></u> _ | Black British | Ghanaian | | |
| | Traveller of Irish Heritage | | | Nigerian | | |
| | Gypsy/Roma | | | Sierra Leonean | | |
| | Italian | | | Somali | | |
| | Eastern European | | | Other Black African | | |
| | Western European | | | Any Other Black Background | | |
| | Any Other White Background | | Asian or | Indian | | |
| Mixed or | White and Black Caribbean | | Asian British | Pakistani | | |
| Dual | White and Black African | | | Bangladeshi Asian Other | | |
| Background | White and Pakistani | | | | | |
| | White and Indian | | | | | |
| | White and Other Asian | | I do not wish for a | in ethnic category to be recor | rded | |
| | Any Other Mixed Background | | | | | |
| 7 Dayantal day | Javatian | | | | | |
| 7. Parental dec | | | | | | |
| • | ive parental responsibility for the sted in Section 2. | child na | amed in Section 1 ai | nd that this application has t | :he agreeme | ent of all |
| I wish to make a | n application to Olney Infant Aca | demy. | | | | |
| any false or delib | ne information I have provided is perately misleading information of the withdrawal of an offer of a so | n this fo | orm and/or supporti | • | | • |
| I hereby authori | se Olney Infant Academy to conta | act my c | hild's previous scho | ol. | | |
| Signature of par | rent/carer | | | Date | | |

Information supplied will be used for registration purposes under the Data Protection Act 1998

Once completed you should return this form to: Admissions, Olney Infant Academy, Spinney Hill Road, Olney, MK46 5AD

Tel: 01234 711388 Email: admissions@olneyinfant.org

| 8. School section (To be completed by Headteacher of current school) | | | | |
|--|-------------------------------------|-----------|--|--|
| If you are applying for a school place and have not moved address the current school must complete this section before we can process you with the school stamp. | | | | |
| Child's name | | | | |
| Has the parent discussed the transfer request with you and are there would be detrimental to the child in any way? | any reasons why you feel the change | of school | | |
| Does the child have any special needs? | | | | |
| School Action | | Yes | | |
| School Action Plus | | Yes | | |
| Under Assessment | | Yes | | |
| Statemented | | Yes | | |
| Does the child have any exclusions? | | Yes | | |
| Are there any attendance related issues? Please give % attendance and number of unauthorised absences in the last twelve months | | | | |
| Other information which may be relevant to the application (Behavioural issues, if applicable, previous schools attended in the last two years, if known) | | | | |
| Name | | | | |
| Position | _ | | | |
| Signed | Date | | | |
| | School stamp | | | |