

**Wednesfield Academy**Mid-Year Admission Application

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| **Child’s Information** | |
| Child’s Forename |  |
| Child’s Surname |  |
| Date of Birth |  |
| Current Academic Year |  |
| Proposed Admission Date |  |
| Gender |  |
| Home Address |  |
| **Parent/ Carer Information** | |
| Parent/ Carer’s Forename |  |
| Parent / Carer’s Surname |  |
| Contact Number |  |

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| **School Information** | |
| Current Schools Address |  |
| Reason for Leaving Current School |  |
| Primary School Attended |  |
| Please list any previous schools with dates attended |  |

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| **Criteria** | | |
| Is the child in Public Care? (Looked After Child) | Yes/ No | |
| Does the child have a Statement of Special Educational Needs or EHCP? | Yes/ No | If so, please provide details: |
| Does the child have a sibling currently attending the school?  (Sibling must attend when the application is made and must still attend the school at the proposed admission date) | Yes/ No | |
| Sibling’s Name |  | |
| Sibling’s Form Group |  | |

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| **Any Additional Comments** |
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| Signed: (Parent/ Carer) |  |
| Print Name | Mr/ Mrs/ Miss/ Ms |
| Date |  |

**Please note Wednesfield Academy opens a new waiting list each academic term.   
It is parent’s responsibility to ensure their child remains on the waiting list into each new term.**

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| **Office Use Only** | | Please return completed form to:  Admissions Manager Wednesfield Academy Lichfield Road Wednesfield Wolverhampton WV11 3ES Or by email: postbox@wednesfieldacademy.co.uk |
| Date Received |  |
| Autumn Winter |  |
| Spring |  |
| Summer |  |