



Bluecoat Aspley
believe in yourself, in others, in God

BLUECOAT ASPLEY ACADEMY
Bluecoat Aspley Academy, Aspley Lane, Nottingham, NG8 5GY
Tel: 0115 929 7445
e-mail: ALT-admissions@bluecoat.uk.com

| | | | | |
|------------------|---|---|----|----|
| OFFICE Use Only: | | | | |
| 7 | 8 | 9 | 10 | 11 |

APPLICATION FORM FOR IN-YEAR TRANSFER

INTO YEAR _____ BEGINNING *AUTUMN/ SPRING/ SUMMER 202__ *DELETE AS APPROPRIATE

Guidance Information

1. Only complete this form if you are applying for a place at Bluecoat Aspley Academy outside of the normal admission round.
2. Before completing this form please read our admissions arrangements 2021-2022.
3. Please complete the form in block capitals in blue or black ink.
4. Notes of guidance to help you complete this form are in italics.
5. Please return this form to **Admissions, Bluecoat Aspley Academy, Aspley Lane, Aspley, Nottingham, NG8 5GY** or email to ALT-admissions@bluecoat.uk.com.

| SECTION A - DETAILS OF CHILD | | | |
|--|----------------|---------------------|------------------------------|
| Legal Forename: | | Middle Name: | |
| Legal Surname: | Date of Birth: | Gender: | |
| Home Language: | | Secondary Language: | |
| Is your child currently living in the UK? <i>If 'NO' please provide the date they will move to the UK: ____/____/____</i> | | | YES <input type="checkbox"/> |
| | | | NO <input type="checkbox"/> |
| Child's Current Address: | | | |
| Address the child will be living at once in the UK: | | | |

| SECTION B - DETAILS OF PARENT/ CARER | | |
|---|-------------------|------------------------|
| Full name of the person completing this form: | | Relationship to child: |
| Home Address: | | |
| Home Telephone: | Day Time Contact: | Mobile: |

| SECTION C - SIBLINGS | | | |
|--|----------------|----------------|------------------------------|
| Does your child have a sibling attending Bluecoat Aspley Academy at present? <i>(If YES please complete section below with the sibling's details)</i> | | | YES <input type="checkbox"/> |
| | | | NO <input type="checkbox"/> |
| Legal Forename: | Legal Surname: | Date Of Birth: | Tutor Group: |

SECTION D - ADDITIONAL INFORMATION

| | | |
|--|------------------------------|-----------------------------|
| Has your child ever been educated in the UK? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|--|------------------------------|-----------------------------|

If your child is currently attending a secondary school in the UK or overseas please provide the full school name and address below:

| | |
|--|----------------|
| If your child is not currently attending a secondary school in the UK or overseas please provide the full school name and address of your child's most recent school, as well as the date they left: | ____/____/____ |
|--|----------------|

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| Does your child have a Statement of special educational need / Educational Health Care Plan? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|--|------------------------------|-----------------------------|

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|--|------------------------------|-----------------------------|
| Does your child have Learning Difficulties? <i>(If 'YES' please give brief details)</i> | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|--|------------------------------|-----------------------------|

| | | |
|---|------------------------------|-----------------------------|
| Is your child a looked after child or a child who was previously looked after but immediately after being looked after became subject to an adoption, child arrangements, or special guardianship order including children who were previously in state care outside of England and who ceased to be in state care as a result of being adopted? <i>Please see notes on Page 5 of the admissions arrangements 2021-2022 for a fuller description of the above.</i> <small><i>Documentary evidence of your child's LAC, PLAC or IAPLAC status is not required at the point of submitting you application however please be aware it may be necessary for the Academy to request evidence at a later date.</i></small> | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|---|------------------------------|-----------------------------|

| | | |
|---|------------------------------|-----------------------------|
| Does your child have a Social Worker / Family Support Worker? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|---|------------------------------|-----------------------------|

| | | |
|--|------------------------------|-----------------------------|
| Does your child require extra support for behaviour in school? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|--|------------------------------|-----------------------------|

| | |
|--|--|
| If you or your spouse are a member of staff at Bluecoat Aspley Academy and a parent of the applicant (as defined in the admission arrangements) please provide the name of child's parent who is a member of staff at the Bluecoat Aspley Academy and their employment start date. | |
|--|--|

Please state the reasons you wish to transfer your child to Bluecoat Aspley Academy. (Attach a separate sheet if necessary)

SECTION E - FAITH COMMITMENT

Complete this section if you are applying on the basis of your religious commitment. If the Academy is oversubscribed in this category then evidence of Christian / Other World Faith commitment and practices will be used to determine the allocation of places. If a further tie-breaker criterion is required we will use the additional criteria outlined below;

- I) Whether the child has a sibling who will be attending Bluecoat Aspley at the time of the applicant's admission.
- II) Places will then be offered to children who live the shortest *distance from their home to the main entrance of Bluecoat Aspley Academy, Aspley Lane, Nottingham, NG8 5GY.

Please give the name and address of the Church / Religious Group to which you / your child belongs. Please also give the name of your parish priest, minister or equivalent religious leader who will be contacted to confirm the level of your child's / your commitment to your church or religious group. The reference will need the signature of two officers / leaders of the Church / Religious Group, which the Academy will request.

Name of Faith Referee:

Name of Church/Religious Group:

Address of Church/Religious Group:
(Including Post Code)

Telephone Number for Church/Religious Group:

E-mail address for Church/Religious Group:

Mobile Number for Faith Referee:

(It is advised that parents communicate with the named referee to ensure they have received and returned the reference to the Academy, as this will affect the outcome of your application.)

What is the level of your / your child's commitment to your Church / Religious Group? Please see guidance notes set out below the statements.

| | <u>CHILD</u> | <u>PARENT</u> |
|--|--------------------------|--------------------------|
| 'At the heart of the Church / Religious Group' | <input type="checkbox"/> | <input type="checkbox"/> |
| 'Attached to the Church / Religious Group' | <input type="checkbox"/> | <input type="checkbox"/> |

Applicants for a faith priority place are asked to identify themselves as being; at the heart of the church / religious group or attached to the church / religious group. The period in question is the past two years. Applicants new to the area should provide evidence from a previous church / place of worship. Please see notes on Page 5 of the admissions arrangements 2021-2022 for a fuller description of the information below.

An applicant 'at the heart of the church / religious group' would be a regular worshipper. This means one who worships usually twice a month. To accommodate difficult patterns of work and family relationships account will be taken of weekday worship. An applicant 'attached to the church / religious group' may be a regular, but not frequent worshipper. For example one who usually attends a monthly family or religious occasion service or is regularly involved in a weekday religious activity including an element of worship.

SECTION F - PARENTAL DECLARATION (To be completed by those with legal parental responsibility)

I/We apply for a place at Bluecoat Aspley Academy for the child named overleaf in accordance with the information and conditions of admission published by the Archway Learning Trust.

Signature:

Print Name:

Relationship to Child:

Date:

____/____/____

ANY ADDITIONAL SUPPORTING INFORMATION