



Wykham Park Academy In-Year Student Application Form

Please note that the purpose of this form is to seek information to enable our school to initiate the process of in year transfer for you and your child.

Information relating to our data protection policy is available at <https://wykhampark-aspirations.org>

This form is compliant with the Admissions Code, details of which can be found at [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/389388/School Admissions Code 2014 - 19 Dec.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/389388/School_Admissions_Code_2014_-_19_Dec.pdf)

Section 1: Details of Child:

Surname: _____ Forename: _____

Middle name(s): _____ Chosen name: _____

Previous surname (if applicable): _____

Gender: Male / Female Date of Birth: _____

Home Address: _____

Postcode: _____ Home phone number: _____

(The child's home is the permanent address where they live with their legal guardian and where any child benefit is addressed. If this is different from the parent/carer's address, please explain why on the back of this form. Also, if parents share custody, please give both addresses and state this below, continue on the back of this form if necessary).

Does your child have any siblings who currently attend the Academy? Yes / No

If yes please give names: _____

Section 2: Details of Parent/Carer:

Mother's Title: _____ Mother's name: _____

Mother's address: _____

Mother's phone no (if different from above): _____

Mother's mobile no: _____ Mother's work no: _____

Mother's e-mail address: _____

(It is important that you supply an email address as weekly correspondence is sent out by this method).

Do you have parental responsibility? Yes / No (please delete as appropriate)

If no please state who does: _____

Father's Title: _____ Father's name: _____

Father's address: _____

Father's phone no (if different from above): _____

Father's mobile no: _____ Father's work no: _____

Father's e-mail address: _____

(It is important that you supply an email address as weekly correspondence is sent out by this method).

Do you have parental responsibility? Yes / No (please delete as appropriate)

If no please state who does: _____

For Looked After Children:

Please give Social Worker's name and contact details below:

Local Authority Responsible for child: _____

Section 3: Previous Education:

Please give details below of the previous school attended by your child.

Name of previous school: _____

Address: _____

Date started: _____ Date left: _____

Section 4: Signature of Parent/Carer:

Signature: _____ Date: _____

Name (in block capitals): _____

Relationship to child: _____