



**Bluecoat Beechdale  
Academy**  
Belong, Believe, Achieve



Archway Learning Trust  
Registered in England and Wales. Registration No. 7875164  
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## APPLICATION FORM FOR IN-YEAR ADMISSION

INTO YEAR \_\_\_\_\_ BEGINNING \*AUTUMN / SPRING / SUMMER 202\_ \*DELETE AS APPROPRIATE

SECTION A - DETAILS OF CHILD, FAMILY AND SCHOOL HISTORY			
First Name(s):	Surname/ Family Name:	D.O.B:	Gender:
Address:			Language Spoken at Home:
Date child moved to the above address:			
If you have moved house within the last 2 months please give previous address:			
Is your child currently living in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/>		If no, when are they moving to the UK?	
Name of the person completing this form:		Relationship to child applying:	
Home Telephone No:	Mobile No:	Email:	
Does your child have a brother or sister attending The Bluecoat Beechdale Academy at present? (If YES please complete section below with the brother or sister's details)		YES <input type="checkbox"/>	NO <input type="checkbox"/>
First Name(s):	Surname/ Family Name(s):	D.O.B:	Present Tutor Group:
Is your child currently attending school? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes: Please state your present School / Academy and address:			
If no: Please state the reasons why they have not been in School/Academy and the date they last attended a School/Academy:			

Is your child currently attending a Learning Centre or Pupil Referral Unit?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is your child currently being home educated?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does your child have any previous exclusions?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is your child at risk of being permanently excluded from school?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you withdrawn your child from school because of exclusion or threat of exclusion?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Has your child been attending normal school lessons in the last month?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If No, please give details:		
Has your child attended any schools other than the one presently attended?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If Yes: Please give details:		
<b>SECTION B- ADDITIONAL INFORMATION AND SUPPORT</b>		
Is your child a UK citizen?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If No, what was their date of entry to the UK:		
<ul style="list-style-type: none"> <li>• If your child is not a UK citizen, please provide their passport or suitable government issued ID.</li> <li>• If your child is a non-EU citizen, documentary proof of residency status will also be required</li> </ul>		
Is your child a 'Looked After' or previously 'Looked After' child?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If Yes, please state within which Local Authority:		
If your child was previously 'Looked After' but is no longer looked after because they were adopted or became the subject to a residence order or special guardianship order, please provide a copy of the relevant paperwork with your application		
Does your child/family have a Social Worker or Family Support Worker?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If Yes: Please state the name and contact details of the Social Worker/Family Support Worker:		
Is your child, or has your child ever been, the subject of a CAF?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does your child have a documented special need or an Education Health Care Plan?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Does your child require extra support for behaviour?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Does your child have physical or mobility problems?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If Yes, please provide further details:				
Does your child have a history of attendance problems?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If yes: have you ever been prosecuted for your child's non-attendance or been classified as a persistent absentee?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Is your child involved with any other support agencies?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If YES: please give details of which agencies are involved:				
Is your child returning from the criminal system?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Are your family refugees or asylum seekers?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Do you consider yourself to be a traveller family?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Is your child a carer?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Is your application due to your family fleeing domestic violence?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Does your child have any other issues or medical conditions not already stated?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If YES, please provide details:				

**SECTION C - ANY ADDITIONAL SUPPORTING INFORMATION**

Reason you are applying for mid-year admission, please provide as much detail as you can to support your application:

Please provide any further information that may support your child’s application:

**SECTION D - PARENTAL DECLARATION - *to be completed by those with legal parental responsibility***

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

Signature:	Print Name:	Relationship to Child:	Date of Signing: