

Application for In-Year Admission

For admissions to school once the Year Group has begun. For use only if your child lives in the Devon LA area and you have a preference for a single school which has a confirmed vacancy.



This form should be completed where both the school and School Admissions confirm that a place is available and you only have one preference for admission for your child (or children) after a move to the area. It should NOT be used if you want to transfer from one local school to another, a child has a disability or Statement of SEN or is being assessed for a Statement, has been Permanently Excluded or where another person has a legal objection to the application. In any of those circumstance, a D-CAF should be completed – available at www.devon.gov.uk/admissions or by calling 0845 155 1019.

Section 1 – About your child (or children) *please mark a cross in boxes where appropriate.						
1. Legal Forename (and preferred name if different)	2. Legal Surname (and preferred name if different)	a	3. Date of Birth	4. Gender		
preferred name if different)	name ii dirierent)				Group	
6. Is your child (or any of your children) in Care or were they formerly in Care?						
If yes, please give details, including contact details for a social care officer:					」∗Yes	
If yes, please give details, including contact details for a social care officer.					□No	
			-	□ INO		
7. Does your child (or any of)	our children) have a Disability or Sta	tement	of Special Educatio	nal Г	7	
Needs or is your child under a statutory assessment for a Statement?					→ *Yes	
l •					□ No	
8. Has your child (or any of your children) been Permanently Excluded from school or academy?					□ *Yes	
If yes, please complete a D-CAF and not this D-CAF6 for that child (or children)						
│ □ No						
9. Is your child (or any of your children) on roll at another local state-funded school or academy?						
If yes, please complete a D-CA	AF and not this D-CAF6 for that child	d (or chil	dren)	· [-	」∗Yes	
10. Home address including postcode:						
11. Current or most recent school(s) or form of education:						
13. Contact names and number for each ach acl named						
12. Contact name and number for each school named:						
Section 2 – About you						
13. Your title:	14. Forename:	15. Sur	namo:			
13. Your title.	14. Forename.	15. Sui	name.			
16. Your home address if different to your child:		17. Daytime Telephone:				
To. Tour nome address if different to your child.		17. Day	ranic releptione.			
			18. Mobile:			

19. Email address:					
20. Relationship to the child (or children) named i	n Section 1?				
21. Do you have parental responsibility for this child (or children)?					
We will not accept an application from you unle	ess you hold parental responsibility.	│			
22. Is there anybody else who may have a legal of	□ *Yes				
If yes, please complete a D-CAF and not this D-CAF	AF6 for that child (or children).	□ No			
Section 3 – About the school you pref	er				
22. Name of School					
23. Preferred start date at this school?					
Section 4 – About the reasons for you					
24. If you are applying for a school place because school place within a reasonable distance, please		oes not have access to a			
25. Date of move: Section 5 – Declaration					
Data Protection. The Information collected on this form will be processed and stored electronically by Devon County Council in compliance with the UK Data Protection Act. The Data may be shared with schools and other areas of the County Council, but only for administrative or other service provision purposes and Government Departments where there is a Legal requirement to do so. In accordance with the School Admissions Code, should the information given be found to be fraudulent the offer of a school place can be withdrawn. For further information about Data Protection, please see www.devon.gov.uk/data_protection or contact the Corporate Information Governance Team on 01392 384682. By signing and returning this form you acknowledge that you have read, understand and agree to this data processing. I understand that I could express up to 3 preferences for schools. I do not wish to name other schools and am applying for this school. My child (or children) does not (do not) have a Statement of Special Educational Needs, has					
not been Permanently Excluded from school and I am applying for a place at this school because funded school and requires admission as soon as this form is provided so that a formal offer letter child's arrangements for education. I confirm that the details in this application are act I understand that I must inform the school or Adm I understand that transport to a school I prefer available school, whether in Devon or a neighbor regarding transport eligibility, including www.devon.gov.uk/school_transport. I understand that it is my responsibility to complete	there is no person or body with a legal objective my child has moved to a new area, is not possible. I understand that a place is available can be issued and so that the Local Author curate. Sissions if my child or children's address chanch which is neither designated for my child's curing county, may be my responsibility. I have exceptions to designated area transfer a school Test Registration or Supplement	ection to this application. t on roll at a local state- able. The information on rity is made aware of my nges before admission. address nor the nearest ave read the information ansport eligibility, at			
	here this is relevant to my application. one signature is required. discuss and to be in agreement over applica	ations.			
My Name	Signature				
Date					
My Name	Signature				
Date					
Email to admissions@devon.gov.uk or post to So or fax to 01392 383614 or hand it in to the school.	chool Admissions Team, One Capital Court,	Sowton, Exeter EX2 7FW			