



## **SECONDARY SCHOOL IN YEAR ADMISSION APPLICATION FORM**

<b>Section A: Child's Details</b>					
<b>First Name(s):</b>					
<b>Surname:</b>					
<b>Date of birth:</b>			<b>Gender:</b>		
<b>Current Year Group:</b>	Y7 <input type="checkbox"/>	Y8 <input type="checkbox"/>	Y9 <input type="checkbox"/>	Y10 <input type="checkbox"/>	Y11 <input type="checkbox"/>
<b>Home Address:</b>					
<b>Post Code:</b>					

<b>Is the child Looked After (in public care, under Children's Social Services)?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Was the child previously Looked After (previously in public care)?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Is the child Internationally Adopted Previously Looked After?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Does the child have an Education Health and Care Plan (EHCP)?*</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Section B: Parents/Carers' Details</b>					
<b>Title:</b>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	<b>Other (please specify):</b>
<b>First Name(s):</b>					
<b>Surname:</b>					
<b>Relationship to child:</b>	Parent <input type="checkbox"/>		Carer <input type="checkbox"/>		Social Worker <input type="checkbox"/>
<b>Telephone Number(s):</b>					
<b>E-mail address:</b>					
<b>Is there anyone who should not have access to, or information about the child?</b>					Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If Yes to the above question, please specify who and for what reason:</i>					

<b>Section C: Current School Details</b>			
<b>Name of current/most recent school:</b>			
<b>Address (if not in NE Lincs):</b>			
<b>Telephone Number:</b>			
<b>Is child still attending?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>If "No", what was the last date attended?</b>	

**Interim Principal** Mia Sneyd  
**Beacon Academy** Chatsworth Place, Cleethorpes, DN35 9NF  
[www.beaconacademy.co.uk](http://www.beaconacademy.co.uk) • 01472 328888 • [office@beaconacademy.co.uk](mailto:office@beaconacademy.co.uk)

## Section D: Reason for Admission/Transfer Request

What is the reason for your application? (please tick)

Moved into / recently returned to North East Lincolnshire

☐

Please give details of previous address below:

Moved / moving address within North East Lincolnshire

☐

Please give details of previous/moving address below:

Moving Date:

Transport issues

☐

Please give brief details below:

Difficulties / issues at current school\*

☐

Please give brief details below:

*\*We would advise you to talk to your child's current school before submitting this transfer application.*

## Section E: Other Information

Have you informed your child's current school of this transfer request?

Yes ☐ No ☐

If you do not wish to discuss the request with the current school, please advise of the reason(s) below and sign.  
Please note that it may be necessary to contact your child's previous school for information with regards to attendance, attainment and behaviour in order to process your request.

Parent/Carer Signature:

Are there any other agencies/services involved with the child/family?

Yes ☐ No ☐

If YES, please give details below (names/contact details for involved worker(s)):

Does the child have any additional learning/medical needs?

Yes ☐ No ☐

If YES, please give details below:

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## Section F: Your School Preferences

Reasons for Preference (tick all reasons you think are relevant and give additional details where requested):

Catchment <input type="checkbox"/>	Sibling attends <input type="checkbox"/> give details below <sup>1</sup>	Child of staff <input type="checkbox"/> give details below <sup>2</sup>	Other <input type="checkbox"/> give details below <sup>3</sup>
<sup>1</sup> Name of sibling:		Sibling date of birth:	
<sup>2</sup> Name of member of staff:		Position/start date:	
<sup>3</sup> Other reason:			

Please ensure that this form is completed in as much detail as possible. If any relevant sections are incomplete, the form will be returned to you, and this could delay the processing of your application.

## Section G: Declaration

By signing this form, I certify that I have parental responsibility for the child named in Section A, that no other adult with parental responsibility objects to this application and that the information given on this form is true to the best of my knowledge. I understand that giving false or misleading information, or withholding relevant information, may result in the withdrawal of a school place offer.

I understand that where parents/carers share equal parental responsibility for a child, only one physical home address can be considered and this is the one nominated on this CAF (the local authority may request evidence to verify the stated address).

**Information Sharing and Consent:** I understand that the information I have provided to North East Lincolnshire Council (NELC) regarding my child and family will be recorded and used for the purpose of providing services, support, advice and guidance to my child and family. I agree to my family's personal information being processed and shared by NELC with appropriate partners and organisations to enable them to provide us with services, support, information, advice, and guidance in order to achieve a positive outcome for me and my family. NELC is the Data Controller for the processing of my personal information and that will process all personal information in accordance with the Data Protection Act and GDPR.

Name:			
Signature:		Date:	
I am the child's:	Parent <input type="checkbox"/> Carer <input type="checkbox"/> Social Worker <input type="checkbox"/>	and confirm that I hold Parental Responsibility for the child	

## What do I need to do now?

- Unless you have signed Section E above, you should give the whole form to your child's current school
- They should complete page 5 of this form and then return it back to you
- You should then send the whole form to

Beacon Academy  
Chatsworth Place  
Cleethorpes  
DN35 9NF

Alternatively email: [office@beaconacademy.co.uk](mailto:office@beaconacademy.co.uk)

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## SECONDARY IN-YEAR COMMON APPLICATION FORM (CAF) 2024-2025 PART TWO

This part should be completed by the child's current school

### Current School Details

Name of School:	
Contact Name and Post Title:	
Tel no. / Email address:	

**On completion of Part Two by current school, the whole form is to be returned to Parent/Carer for submission to Beacon Academy (office@beaconacademy.co.uk)**

Has the parent/carers discussed the transfer request with the school?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please give Name and Designation of person with whom the request was discussed:	
Signature:	Date:

Is the transfer request due to a significant change of home address?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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### Pupil Information

<b>This pupil:</b>	(A) Has good attendance and behaviour records and requires no additional support in school	<input type="checkbox"/>	<i>No additional information required</i>
	(B) Requires/receives additional support	<input type="checkbox"/>	<i>Please provide details below</i>
	(C) Has significant behavioural/attendance issues or is at risk of permanent exclusion	<input type="checkbox"/>	<i>Please provide details below / behaviour, attendance %, Fixed Term Exclusions log</i>

Is there any other information that you feel would assist Beacon Academy in the transfer process? (e.g. agency involvement with child/family; additional support required etc.)


If relevant, please give details of Options / Examination courses the pupil is currently undertaking:

	SCHOOL STAMP
Please attach copy of pupil's educational profile / academic levels to assist transfer	

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