

UPPINGHAM COMMUNITY COLLEGE IN-YEAR ADMISSION TO SCHOOL APPLICATION FORM

Data is processed and disposed of in line with GDPR regulations. Information about your child will not be shared with anyone outside the school without your consent unless the law and our rules permit it. We are required by law to pass some of your information to the Local Authority (LA) and the Department for Education (DFE).

1. CHILD'S DETAILS

All 'Legal' names should be the same as stated on the child's birth certificate or deed documentation	poll
Child's Legal Surname	
Child's Legal Forename	
Child's Middle Name(s)	
Preferred Names (if different to Legal Name)	
Date of Birth Gender (M/F)	
Address: The address given should be the address of the parent/carer with whom the the majority of time as a child of a family during term-time. Documentary evidence material to support your application.	
House/Flat Name	
Number Street	
Village	
Town/City	
County	
Full name of current school	
Do you give permission for UCC to contact your child's current/most recent school	YES / NO
Is the child "looked after" by a Local Authority? (Sometimes referred to as "being in ca	are")
	YES / NO
If YES, which Local Authority?	
Does the child or a family member have a special educational, medical or domestic ne	eed?
If yes, please give details below and, if necessary, continue on a separate sheet. attach supporting evidence from a recognised professional. If such evidence is not application will not be considered as a special educational, medical or domestic need.	t attached, your

Does the child or a family member have a special educational, medical or domestic ne	Does	s the child	d or a	family i	member I	have a s	pecial	educational.	medical o	r domestic ne
--	------	-------------	--------	----------	----------	----------	--------	--------------	-----------	---------------

YES / NO

If yes, please give details below and, if necessary, continue on a separate sheet. You <u>must</u> also attach supporting evidence from a recognised professional. If such evidence is not attached, your application will not be considered as a special educational, medical or domestic need.							
Does the child have an Education Health Care Plan (EHCP)	YES / NO						
2. PARENT/CARER DETAILS							
Parent/Carer Surname	(Mr/Mrs/Miss/Ms)						
Parent/Carer Forename(s)							
Relationship to child							
Do you have legal parental responsibility for this child?	YES / NO						
The Education Act 1996 and Children Act 1989 define current law on parental rebiological mother of the child, the father <u>must</u> have acquired legal responsibility feither jointly registering the birth of the child with the mother, by a parental responsibility the mother or by an order made through the courts. Adoptive parents must order over the child. (If you answered NO to the legal responsibility question, ple school to provide further details).	for his child through onsibility agreement have an adoption						
Home Tel No (including area code)							
Work Tel No (including area code)							
Mobile Tel No							
Email address							
Parent/Carer Address: The address given should be the address of the parent/c child spends the majority of time as a child of a family during term-time. If the pathe same as the child's address detailed in Section 1, you need only tick this box	arent/carer address is						
If the address is different, please complete the address details below:							
House/Flat Name (if applicable)							
House Number							
Street Name							
Village							
Town/City							
County Postcode							
Has either of the child's parents currently serving in the Armed Forces.	YES / NO						

3. SCHOOL PREFERENCE Please select your reason(s) for applying for Uppingham Community College by ticking the relevant box(es) below: Catchment area Other reason (please comment and continue on a separate sheet if necessary) Sibling at preferred school Special Educational Need Expected start date at the school 4. OLDER SIBLING AT THE SCHOOL [or has attended UCC in the 5 years] If your child has a sibling already attending the school, [or has attended UCC in the 5 years] please give details below Sibling's Legal Full Name..... Sibling's Preferred Name (if different to legal name)..... Sibling's Date of Birth Sibling's Current School 5. PARENTAL DECLARATION The information on this form is correct and I understand that the offer of a place may be withdrawn if this application is found to be based on fraudulent or misleading information. Parent/Carer name Parent/Carer signature

Please return completed forms by post to:

Admissions Officer, Uppingham Community College, London Road, Uppingham, Rutland. LE15 9TJ Or by email to: stuartjones_k@ucc.rutland.sch.uk

Date

Data Protection Act 1998

The information you supply will be held in paper and in electronic format. The information will be used by Uppingham Community College for the purpose of fulfilling the statutory and operational needs in the area of school admissions. This information may be shared with the Local Authority to enable school places to be allocated. The data may also be used for the prevention of fraud.