

In Year Admissions Form

admissionsregistrar@smmacademy.org

020 7502 4714



St Mary
Magdalene
Academy

1. Child's Details

First Name _____ Last Name _____

Date of Birth _____ Gender (Please tick) Male Female

Year Group Applying For – (Please tick)

Primary: Reception Year 1 Year 2 Year 3 Year 4 Year 5 Year 6

Secondary: Year 7 Year 8 Year 9 Year 10 Year 11

Address _____

Postcode _____

Is your child looked after by a local Authority? I.e. Foster Care (please tick) Yes No
If yes which Local Authority? _____

Is your child adopted (please tick) Yes No If yes, please name the Local Authority who dealt with the adoption _____

Does your child have a statement of Special Educational Needs?
(please tick) Yes No

If yes, please contact the Local Authority's SEN department which maintains the Statement as a different, applicable statutory application process.

2. Parent/Carer's Details

Parent/Carer First Name _____ Last Name _____

Home Telephone _____ Mobile _____ Work _____

Email _____

Address (if different from above) _____

Postcode _____

Relationship to the child (please tick)

Father Foster Father Step Father
Mother Foster Mother Step Mother
Carer* Other Family Member

****You have a duty to inform the Local Authority if the child is fostered through a private arrangement with the child's birth family. Private fostering refers to carers who are Not step-parents, grandparent, siblings, aunts or uncles and who do NOT hold parental responsibility.***

Are you a member of the Armed Forces or a Crown Servant applying for a school place as a result of a posting? Yes No If yes please specify _____

3. School Information

Name of the child's current or most recent school _____

Address of current school _____

Is your child still attending this school? (please tick) Yes No

If NO, please state his/her last day of attendance _____

Please state whether the child as a sibling* currently attending SMMA Yes No
If YES, please provide the details for the sibling below.

Name of sibling _____

Date of Birth _____ Year Group _____

*Sibling applies when a child's brother or sister living at the same address currently attends SMMA in the department being applied for.

4. Additional Documents

For all applications please provide (no older than 3 months)

1. **Proof of address** (e.g. a photocopy of your most recent Council Tax bill, tenancy agreement, mortgage or rent statement).
2. **Proof that your child lives with you** (e.g. a photocopy of a Child Benefit or Family Tax Credit letter or other evidence that the child lives with you).

PRIVACY INFORMATION

Under data protection law, individuals have a right to be informed about how the school uses any personal data that we hold about them. We comply with this right by providing 'privacy notices' (sometimes referred to as 'fair processing notices') where we are processing their personal data.

The privacy notice explains how we collect, store and use personal data about pupils. The Academy's privacy notice can be accessed from the Academy's website:
http://smmacademy.org/docs/policies/policies/privacy_notice

5. Declaration

I confirm that the information I have provided on this form is correct. I understand that you may request further evidence to verify the information provided. I understand that this information may be shared in accordance with the Privacy Notice above. **If you deliberately provide false or misleading information any place offered will be withdrawn.**

Signed _____

Date _____