



**SMMA IN YEAR ADMISSIONS FORM**  
**admissions@smmacademy.org**

**020 7502 4714**

**1. Child's Details:**

First Name:	Last Name:
Date of Birth:	Gender (please circle): Male / Female
Year Group (please circle)	<b>Primary:</b> Reception 1 2 3 4 5 6 <b>Secondary:</b> 7 8 9 10 11
Address:	
Postcode:	
Is your child looked after by a Local Authority? i.e. Foster care (please circle)      Yes / No If YES which Local Authority:	
Is your child adopted      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 circle)      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**

Name of 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	
Other (please provide details)		
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 (please specify): _____		

***\*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.***

<b>3. School Information:</b>	
Name of the child's current or most recent school:	
Address of the school:	
Is your child still attending this school? (please circle)      Yes / No If NO, please state his/her last day of attendance:	
Please state where the child has a sibling* currently attending SMMA      Yes /No If YES, please provide the details for the sibling below and which Year Group below:	
Name of sibling: _____	
Date of Birth: _____ Year Group: _____	
*Sibling apply when a child's brother or sister living in the same address currently attends SMMA in the department being applied for.	
<b>4. Additional Documents</b>	
<b>For all application please provide</b> (no older than 3 months):	
<ol style="list-style-type: none"> <li><b>1. Proof of address</b> (e.g. a photocopy of your most recent Council Tax bill, tenancy agreement, mortgage or rent statement).</li> <li><b>2. Proof that your child lives with you</b> (e.g. a photocopy of a Child Benefit or Family Tax Credit letter or there evidence that the child lives with you).</li> </ol>	
<b>Privacy Notice</b>	
SMMA will handle the information you have provided in line with the provisions of the Data Protection Act. Any personal information will be held in confidence with only the necessary people able to see or use it. Under the Data Protection Act you have the right to make a formal request in writing for access to personal data held about your or your child. SMMA has a duty under the Children's Act 2004 to work with partners and third parties to provide and improve services to children and young people in the local area. Therefore SMMA may also use this information for other legitimate purposes and may share this information where necessary with other bodies responsible for administering services to children and young people. SMMA also has a duty to protect the public funds it administers, and to this end it may use the information you have provided on this form for the prevention and detection of fraud.	
<b>5. Declaration</b>	
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. <b>If you deliberately provide false or misleading information any place offered will be withdrawn.</b>	
Signed:	
Date:	