



School managed application for in year admission to school (SMA)

- This form **must only be completed** if you are applying for admission to Walton Oak Primary School
- Please read the accompanying guidance notes before completing this form.

Please complete every section of this form - your application will not be processed until ALL information and documentation has been provided

1. Checklist

a) Does the child have an education, health and care plan (EHCP)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If yes, you should not complete this form. Instead, you should contact the Special Educational Needs team for the local authority in which the child lives for details on applying for a school place.</i>		
b) Is the child currently in the care of a local authority?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If yes, you should not complete this form. The child's social worker must complete Surrey County Council's separate form, 'Child in care application for in year admission to school'.</i>		
c) Has the child previously been in care and did they leave care through adoption, a special guardianship order or a child arrangements order?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If yes, please state the name of the local authority and tick the box to confirm that you have provided evidence.</i>	Local authority..... <input type="checkbox"/>	
d) Do you need a school place within the next four school weeks?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If no, from what date is a school place required?</i>	DD / MM / YYYY	
<i>We are unable to process applications more than four school weeks before a place is required (however please see the guidance notes for exceptions that apply for members of the Armed Forces and Crown Servants who are being relocated to the area and for children who need a school place at the start of the next academic year).</i>		

2. Child's details

a) Child's surname	
b) Child's first name	
c) Child's middle name(s)	
d) Child's date of birth	DD / MM / YYYY
e) Gender	Male / Female
f) Child's home address - this must be the child's current place of residence and not a relative's or carer's address	Postcode:
g) Date the child moved to this address	DD / MM / YYYY
h) Proof of address You must include at least two documents with your application form, one from each of the sections below, as proof of address. Please tick the relevant box to indicate which documents you have included.	
Section A	<input type="checkbox"/> Council tax statement
	<input type="checkbox"/> Signed tenancy agreement
	<input type="checkbox"/> Solicitor's letter on completion of purchase
Section B	<input type="checkbox"/> Recent utility bill
	<input type="checkbox"/> Benefits statement
	<input type="checkbox"/> Prescription Form
	<input type="checkbox"/> Bank statement
	<input type="checkbox"/> Other – please specify:
i) Previous address – if child has moved within 2 years	Postcode:

3. Residential status

a) Is the child a British citizen, EEA or Swiss national?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If no, please tick the box to confirm that you have included a copy of the child's passport, visa and any relevant home office documentation regarding their status in the United Kingdom.</i>		<input type="checkbox"/>
b) Is the child currently in the United Kingdom?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If no, on what date is the child expected to arrive in the United Kingdom? Please also tick the box to confirm that you have provided evidence of the date of arrival and a copy of the child's passport if they are a British citizen, EEA or Swiss national.</i>		DD / MM / YYYY <input type="checkbox"/>
<i>If yes, has the child always lived in the United Kingdom?</i>		Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If no, what is the date they last entered/returned to the United Kingdom? Please also tick the box to confirm that you have provided evidence of the date of arrival and a copy of the child's passport if they are a British citizen, EEA or Swiss national.</i>		DD / MM / YYYY <input type="checkbox"/>
c) Is the child in the United Kingdom on a temporary visit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If yes, on what date is the child expected to leave the United Kingdom?</i>		DD / MM / YYYY

4. Current/previous schools

a) Name and address of current school If not currently in school, please put 'not applicable' (N/A) and tell us about previous schools in 4c) below	Postcode:		
b) Date started at current school	DD / MM / YYYY		
c) Other schools attended Please name all schools previously attended before the current school.			
Name of school	Address	From	To
		MM / YYYY	MM / YYYY
		MM / YYYY	MM / YYYY
		MM / YYYY	MM / YYYY
		MM / YYYY	MM / YYYY
d) Reason for applying for a change of school, or if not currently in school, the reason for leaving previous school			

5. School preference

Name of the school you wish to apply for	Exceptional medical or social reasons	Name and date of birth of any siblings for whom you wish to claim sibling priority	Optional – reasons for preference (please continue on a separate sheet of paper if necessary)
School name: Postcode: DfE no:		YES <input type="checkbox"/> NO <input type="checkbox"/>	
<i>If you are applying for exceptional medical or social reasons, please tick to confirm that you have included appropriate professional evidence to support your case.</i>			<input type="checkbox"/>

6. Fair Access Admissions

The local authority must ensure that children without a school place and vulnerable and challenging pupils are found a suitable school quickly. In order to establish the most appropriate placement for each child we need to ask additional questions of all applicants.

a) Has the child ever been permanently excluded from school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) Has the child ever had any fixed term exclusions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If you answered yes to either a) or b), please tick to confirm you have attached a separate sheet giving dates and reasons for exclusion(s).</i>		<input type="checkbox"/>
c) Does the child have any special educational needs (but without a statement or Education Health and Care Plan)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d) Does the child have a disability or medical condition which has impacted their attendance or participation at school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If yes, please tick to confirm you have provided additional information and evidence detailing how the child's condition has impacted on their attendance or participation at school.</i>		<input type="checkbox"/>
e) Does the child have a child protection plan or a child in need plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If yes, please tick the box to confirm that you have provided evidence of the plan.</i>		<input type="checkbox"/>
f) Is the child a carer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If yes, please tick to confirm you have provided evidence of the child's caring role.</i>		<input type="checkbox"/>
g) Is the child a refugee or asylum seeker?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If yes, please provide the following details: Date of entry to the UK: DD / MM / YYYY I confirm I have attached evidence of refugee status <input type="checkbox"/></i>		
h) Is the child a registered Gypsy, Roma or Traveller?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If yes, please provide contact details for the caseworker within the traveller service (if applicable): Name: Phone Number: Email Address:</i>		
i) Is the child returning from the criminal justice system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If yes, please provide contact details for the caseworker within the local authority who is supporting the child: Name: Phone Number: Email Address:</i>		
j) Is the child working with or being supported by any other individuals or groups (eg social worker, community incident action group, education welfare officer, education psychologist)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If yes, please confirm the reason for the support and provide contact details below</i>	Reason:	
Name:	Name:	
Role:	Role:	
Phone No / Email:	Phone No / Email:	

7. Parent/guardian/carer's details

a) Title		b) First name		c) Surname	
d) Address (if different from child's address)				Postcode:	
e) Telephone numbers					
Day:		Evening:		Mobile:	
f) Email address					

g) Relationship to child:		
<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Stepparent
<input type="checkbox"/> Carer	<input type="checkbox"/> Social worker	<input type="checkbox"/> *Other relative
<input type="checkbox"/> *Other contact	*Please add more details	
h) Do you have parental responsibility for the child? (see guidance notes)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If no, are you applying on behalf of the child's parent?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If yes, please tick the box to confirm that you have enclosed a letter from the child's parent explaining the circumstances and authorising you to act on their behalf.</i>		<input type="checkbox"/>
i) Are you working as a Crown Servant or in Her Majesty's Armed Forces and need a school place as a result of a return to the area?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If you answered Yes, please tick to confirm that you have included evidence.</i>		<input type="checkbox"/>
j) Are you also making an application for any other children who are part of the same family?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If Yes, please confirm their names / dates of birth so that, if appropriate, their applications might be considered together</i>	1. Name.....DOB DD / MM / YYYY	
	2. Name.....DOB DD / MM / YYYY	
	3. Name.....DOB DD / MM / YYYY	

8. Additional contact

We will only discuss this application with the applicant named above. If you wish to authorise us to discuss this application with someone else, please provide their details below.

a) Title		b) First name		c) Surname	
Relationship to child:					

9. Declaration of parent/guardian/carerer

I wish to apply for a place at the school named in section 5. I certify that the information given is true to the best of my knowledge and belief. I understand that if I give any false or deliberately misleading information on this form and/or supporting documents, or withhold any relevant information, this may render my application invalid and/or lead to the withdrawal of an offer of a school place for my child. I understand that it is my responsibility to provide full information to the school and that I will notify the school of any changes to the details on this form or accompanying evidence as soon as they occur, including any change of address.

Name.....(Please print name of parent/guardian/carerer)

Signature Date DD / MM / YYYY

10. Important - Next steps

a) Headteacher statement from current/previous school

- You must now pass this form to the headteacher of the child's current/previous school (if this was in the United Kingdom) to complete the headteacher statement overleaf
- If the headteacher statement is not completed, the form will be returned to you and this will lead to a delay in processing your application
- If it is not possible to get the headteacher statement completed, please contact the school or Surrey's Admissions team for advice

b) Returning your SMA application form

- Once the headteacher statement has been completed, please return your completed form and supporting evidence to the school that has been named in Section 5

c) Completing the school's supplementary information form

- Some schools need you to complete a supplementary information form in addition to the application form to provide the school with extra information relevant to its admissions criteria
- Check if the school you have named in Section 5 requires a supplementary information form by checking the school's website
- If a supplementary information form is required you must send a copy to the school with this application form

YOUR APPLICATION WILL NOT BE PROCESSED UNTIL ALL INFORMATION IS RECEIVED

Personal Information Policy - We respect your rights and are committed to ensure that we protect your details and the information about your dealings with us. In accordance with the Data Protection Act 2018 and the General Data Protection Regulation (GDPR), we will use your information for the purpose of processing your application for a school place, to: (a) deal with your requests and administer our functions, (b) meet our statutory obligations, and (c) prevent and detect fraud. We may share your information (but only the minimum amount of information necessary to do the above and only where it is lawful to do so) with Surrey County Council and other agencies (including schools, other admission authorities, central government departments, law enforcement agencies, statutory and judicial bodies, contractors that process data on our behalf and medical advisors). In addition, we may contact your child's current or previous school for information (if the school was in the United Kingdom), if we have any queries regarding the headteacher statement or if you have not supplied to us the completed headteacher statement with this form. We may also use and disclose information that does not identify individuals for research and strategic development purposes. You can find out more about how we manage your data on our website.



Headteacher statement from current/previous school

Headteachers or their representatives are asked to complete this form as part of a parent's application for applying for a school place in year. Where a child has not yet left the school, it provides schools with a useful opportunity to:

- discuss the reasons for the child leaving the school
- explore with the parent whether it might be in the child's best interests to remain at the school

Schools are asked to continue on a separate sheet if necessary.

a) Name of school completing this form			
b) Child's name		DOB	DD / MM / YYYY
c) Child's current chronological year group			
d) Was/is this child being taught out of year group?	Yes / No		
e) On what date was this child put on roll at your school?	DD / MM / YYYY		
f) On what date did this child last attend your school?	DD / MM / YYYY		
g) Is this child still on roll at your school?	Yes / No		
<i>If No, on what date was the child taken off roll?</i>	DD / MM / YYYY		
<i>What were the reasons given for leaving?</i>			
h) If this child has not yet left your school, have you discussed with the parent their reasons for wishing to change school?	Yes / No		
<i>If Yes, please give details of those reasons:</i>			
i) Do you believe that a change of school is in the child's best interests?	Yes / No		
<i>Please provide the reasons for your answer:</i>			
j) In your view, is there any action that the school might take to prevent a change of school?	Yes / No		
<i>If Yes, please give details:</i>			

k) Child's Attendance rate	Current academic year: %	Previous academic year: %
<i>If beneath 85%:</i> <ul style="list-style-type: none"> What may have affected attendance? <ul style="list-style-type: none"> Did you make a referral/seek support from the Education Welfare service? Yes / No <i>If Yes, please provide details:</i>		
l) Does the child have any special educational needs or disability but without an EHCP?		Yes / No
<i>If Yes, what category:</i>		
m) Has this child had any exclusions whilst attending your school?		Yes / No
<i>If Yes, please provide dates and reasons below:</i>		
<i>Dates</i>	<i>Length (days)</i>	<i>Reason</i>
DD/MM/YY to DD/MM/YY		
DD/MM/YY to DD/MM/YY		
DD/MM/YY to DD/MM/YY		
n) If the parent has given 'bullying' as a reason for leaving or transferring, please give details below, including actions taken by the school in association with the family to help resolve this		
o) Have you had cause to liaise with any professionals/educational specialists regarding this child?		Yes / No
<i>If YES, please indicate the services involved and the reasons:</i>		
p) In considering this application for a school place, please provide any other comments that might be relevant to this child's school placement/level of support required		
Headteacher declaration		
I declare that this form has been completed to the best of my knowledge and belief and includes all information that is relevant to the child's application for a new school place.		
Name		School stamp
Position within school		
Name of school		
Telephone number		
Email Address		
Date	DD / MM / YYYY	

YOU SHOULD NOW PASS OR SEND THIS FORM BACK TO THE PARENT