

## WEMBLEY MULTI-ACADEMY TRUST IN YEAR APPLICATION FORM - 2024 / 2025 -

Please complete in **BLOCK CAPITALS** and in black/blue ink or typescript.  
If your child has an EHCP you **do not need to complete this form**. Please contact the SEN team of the local authority who will assist.

Name of School (please tick ONE only)      ELPS       WHTC       NBS

### Section 1: Child's Details

Child's Legal Surname:   
 Child's Legal Forename(s):   
 Child's Preferred Name:   
 Child's Date of Birth:  Gender:

Is the child a twin or triplet, or a child of a multiple birth?  Yes /  No A multiple birth is the birth of more than one baby from a pregnancy. (If Yes, please give details).

First Name:  Surname:   
 First Name:  Surname:

**Child's home address:** This must be the child's permanent address at the time of application. If you change your address later you must inform the school straight away. You must not use a business address or any address other than the one that the child lives at permanently. **If a place is found to have been offered on the basis of an incorrect address, the place may be withdrawn.**

Postcode:

Your Council Tax Reference:  -

Borough of residence:

Date moved/moving to this address:

### Section 2: Looked after Child/Previously Looked after Children

Is your child in the care of a Local Authority?  Yes /  No (please tick as appropriate)

If Yes, state which Local Authority and provide a letter from the social worker to confirm the child's legal status.

Name of Social Worker:

Contact Details:

Has your child previously been in the care of a Local Authority?  Yes /  No (please tick as appropriate)

If Yes, please provide a copy of the residence order, special guardianship papers or proof of adoption to your child's home Authority.

*Previously looked after children are children who were looked after, but ceased to be so because they were adopted (or became subject to a residence order or special guardianship order.)*

### Section 3: Social/Medical

If you think there are **exceptional social/medical needs** that mean your child should attend the school you **have applied for**, please attach a letter explaining why.

Please tick if you have attached additional information to support your application for your child.

### Section 4: Current/Previous School

What is the name and address of your child's current or most recent school? Please include schools attended outside the UK.

School Name:

Address:

Postcode:

Is your child still attending this school?  **Yes** /  **No** (please tick as appropriate)

If No, you must state their last day of attendance

If your child's last school was overseas, has your child ever attended a school in the UK?  **Yes** /  **No**

If yes, please state the name and address of the school.

School Name:

Address:

Postcode:

### Section 5: Transfer requests between schools

If you are requesting a transfer to the school you have selected, please give your reason for requesting the transfer.

### Section 6: Permanent exclusions and managed moves

Has your child been permanently excluded from any school?  **Yes** /  **No** (please tick as appropriate)

If Yes, you must give **full information about the exclusion**, including the **date of the exclusion** and the **name of the school** from which your child was excluded.

Has your child had a managed move?  **Yes** /  **No** (please tick as appropriate)

If Yes, please complete this section.

School Name:

From:

To:

## Section 7: Sibling Connection

Do you have a sibling already attending any school in Wembley Multi-Academy Trust?

Yes /  No (please tick as appropriate)

If Yes, please indicate school: ELPS  WHTC  NBS

Surname of sibling:   
First name of sibling:   
Brother's/sister's date of birth:

ELPS  WHTC  NBS

Surname of sibling:   
First name of sibling:   
Brother's/sister's date of birth:

## Section 8: Parents/Carers Details

Please enter details of the person with parental responsibility for the child. All correspondence will be sent to the first parent/carer listed. If your address is different to the child's address, you will need to tell us why. If both parents share custody, please advise us in writing or by email and give both addresses. Please note that we will only disclose information about this application to those contacts who have been provided in this section.

**Parent/Carer 1** Title (please tick relevant box)  Mr  Mrs  Miss  Ms  Other

Surname:   
First Name(s):

Address (if different from child's address in Section 1)

Postcode:

**If address is different, please give reason(s)** (Please attach a separate sheet if necessary)

Home tel number:  Daytime/work tel number:   
Mobile number:  Email Address:

Relationship to child (please tick relevant box)  Mother  Father  Step Parent  Foster Parent  
 Other (please give details)

Would you prefer us to contact you by:  Home tel no  Daytime/work tel no  Mobile tel no  
(please tick **all** that apply)  Text message  Email

**Parent/Carer 2** Title (please tick relevant box)  Mr  Mrs  Miss  Ms  Other

Surname:   
First Name(s):

Address (if different from child's address in Section 1)

Postcode:

**If address is different, please give reason(s)** (Please attach a separate sheet if necessary)

Home tel number:  Daytime/work tel number:   
Mobile number:  Email Address:

Relationship to child (please tick relevant box)  Mother  Father  Step Parent  Foster Parent  
 Other (please give details)

Would you prefer us to contact you by:  Home tel no  Daytime/work tel no  Mobile tel no  
(please tick **all** that apply)  Text message  Email

## Section 9: Checklist

Before returning this form, please ensure that you have:

- Researched thoroughly each school you are interested in. You can do this by reading the prospectus available from schools.
- Enclosed any supporting evidence from the family doctor/consultant in support of any social/medical needs.
- Completed all relevant sections of this form. Failure to complete this form in full will delay its processing.

## Section 10: Declaration and Signature of Parent/Carer

Please ensure that you have gone through the checklist above **BEFORE** signing this section.

- I have completed **each section** of this form.
- I certify that I am the person with parental responsibility for the child named in Section 1.
- I hereby declare that to the best of my knowledge and belief the information given on this form is correct in every respect, and I agree to notify the school of any changes which may arise. I authorise the school to check the details with any relevant body.
- I consent to the details of this application form being shared with other schools, government agencies, the local authority and other interested parties in order to secure a school place. I agree to the Data Protection Statement below.
- I understand that any false or deliberately misleading information given on the form and/or supporting information may render this application invalid, or lead to the offer of a place being withdrawn.

Parent/Carer's Signature:

Print Parent/Carer's Name:

Date:

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### Data Protection Statement

Information supplied will be used by the school to process this application under the Data Protection Act 2018 and the GDPR. Any information parents provide when applying for a school place will be entered on a database and may be passed to other agencies and schools for the purpose of securing a school place for the child, and in line with WMAT's Data Protection Policy which can be found on our website.

**Any information supplied will be used for the following purposes:**

- Administering the admission process.
- Preventing fraud or criminal offence or to ensure the safety of any child.
- To ensure the Local Authority fulfils its statutory obligation to provide every child within the area a suitable school place.

**We may share your information with:**

- The current school (if any).
- The school to which the pupil is to be admitted (if different).
- Other admission authorities so as to ensure that parents have provided consistent information and do not hold on to more than one offer of a place.
- Any other organisation legitimately investigating allegations of fraud, criminal offence or child protection.

Please return the completed form, with any evidence, via email to the school to which you are applying:

**WHTC:** reception@whtc.co.uk

**NBS:** reception@northbrentschool.co.uk

**ELPS:** reception@elps.co.uk