



IN-YEAR APPLICATION FORM

Please complete the following application form in black ink in block capitals:

PUPIL

Child's surname

Child's first name(s)

Child's date of birth

Child's address
including postcode

PARENT/CARER

Parent/carer's full name

Parent/carer's address including postcode
if different to child

Parent/carer's contact numbers

Parent/carer's email address

OTHER INFORMATION

Is the child a "looked-after" or
'previously looked after' child?

Yes

No

If yes, please enclose supporting evidence from the professional dealing with your case.

Does the child have a sibling living at the
same address who is currently in the school?

Yes

No

If YES, please give the name(s) and class(es) of the sibling(s):

Name		Class	
Name		Class	
Name		Class	

Proposed class of entry

Proposed start date

NOTES

Please return this form with **proof of residence** such as a recent Council Tax demand or a utilities bill (not more than 6 months old) with your name and address. Where a child regularly lives with one parent for part of a week and with the other parent for the rest of the week, the permanent address for Distance Tie-Break purposes will be the address at which the child lives for the greater part of the school week, i.e. Monday to Friday and it is that address that should be shown on the demand or bill.

If you are applying for a faith priority place, please ensure the **Supplementary Information Form** is also completed and returned to the school. It is your responsibility to arrange for this document to be submitted with your application. Priority cannot be given without it.

Places will be allocated in reliance on the information provided. If any of that information is incorrect and the place would not have been offered if it had been correct, the offer may be withdrawn. The Governing Body reserves the right to make further enquiries and require further evidence if it reasonably believes that incorrect information may have been given.

DECLARATION

I wish the above applicant to be considered for a place as a pupil at Yesoiday HaTorah Girls Academy and declare that the above information is true and correct in every detail. I understand that if a place has been obtained on the basis of incorrect or inaccurate information and the place would not have been offered had the information been correct or accurate, the offer will be withdrawn.

Signature of Parent/Carer

Name of Parent/Carer

Date

Please return this Application Form and the Yesoiday HaTorah Supplementary Information Form to:

**Admissions Secretary
Yesoiday HaTorah Girls Academy
Sedgley Park Road
Prestwich M25 0JW
Manchester**