



APPLICATION FORM FOR A PLACE AT COLONEL FRANK SEELY ACADEMY

Before completing this form, parents are strongly advised to look at our admissions criteria on the school's website www.cfsacademy.org.uk

Please fill in this form using black ink and CAPITAL LETTERS

SECTION A - YOUR CHILD

Full Legal Name:			
Date of Birth:		Gender (Male/Female):	
Current/Previous School:		Current School Year:	
Current/New Address:			
	Postcode:		
Previous Address (if applicable):			
	Postcode:		
Date of Move to New Address:			

SECTION B - SIBLINGS ALREADY ATTENDING OR APPLYING FOR COLONEL FRANK SEELY ACADEMY

Full Name	Date of Birth	Gender (please tick)		Currently Attending Colonel Frank Seely Academy (please tick)	Applying for a place at Colonel Frank Seely Academy (please tick)	
		Male	Female		Yes	No
Is the home address of the brother or sister the same as that in Section A?				Yes		No
If "no" please give full address:						
Postcode:						
Reason for different address:						

SECTION C - PARTICULAR CIRCUMSTANCES OF YOUR CHILD

Is your child in public care (often referred to as "looked after" by the local authority)	Yes		No	
Does your child have a Statement of Special Needs	Yes		No	
If you have ticked yes, please name the local authority				

SECTION D - PARENT DETAILS

Full Name (include title eg Mr, Mrs, Ms):			
Relationship to Child:			
Do you have parental responsibility for this child?	Yes		No
Your Address (if it is different from your child's address):	Postcode:		
Reason for different address:			
Telephone Numbers:	Home	Work	Mobile
Email Address:			

SECTION E - OTHER QUESTIONS

Is this request due to (please tick all that apply):			
Change of Address		Behaviour Issues	
Poor Attendance		Bullying	
At risk of permanent exclusion		Other (please specify in space below):	

Has your child ever been suspended on a fixed term basis from a school?	Yes		No	
If "yes" please give details below:				
		Date of Suspensions:		

Has your child ever been permanently excluded from a school?	Yes		No	
If "yes" please state which school and when in the space below:				
Name of School:			Date of Exclusion:	

SECTION F - DECLARATION

1. I certify that the information given on this form is correct. I understand that a fraudulent or intentionally misleading application could result in any offer of a place being withdrawn.
2. I have checked that all those with parental responsibility are in agreement with this application.

Signature or Full Name of Parent:

Date:

Please return this form, with proof of the student's identity and address to:
Mrs V Isaac (Admissions Officer), Colonel Frank Seely Academy, Flatts Lane, Calverton, Nottingham NG14 6JZ