



IN YEAR APPLICATION FORM 2024-2025

LOUTH ACADEMY

Section A: Student Details

First Name (s)					
Surname					
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>				
Date of birth	/ /				
Year Group	Y7 <input type="checkbox"/>	Y8 <input type="checkbox"/>	Y9 <input type="checkbox"/>	Y10 <input type="checkbox"/>	Y11 <input type="checkbox"/>
Home Address					
Post Code					

Is the child Looked After by the Local Authority Yes No

Does the child have an Education Health Care Plan (EHCP)? Yes* No

* If your child has a Education Health Care Plan (EHCP) you will need to contact SEND team at Lincolnshire County Council on Tel No 01522 553332 as they will need to consult with your preferred school before admission can be arranged. **You cannot apply with this form if your child has an EHCP.**

Section B: Parents/Carers Details

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>
First Name (s)				
Surname				
Are you the child's	Parent <input type="checkbox"/>	Carer <input type="checkbox"/>	Social Worker <input type="checkbox"/>	
Telephone Number				
Mobile Number:				
E-mail address				
Is there anyone who should not have access to, or information about the child?				Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes please specify who and for what reason				

Section C: Current School Details

Current School	
Address	
Telephone Number	
Last date attended (if left)	

Section F: Requested School Details

Name of Academy.....

Reasons you think are relevant:- (please tick)

Catchment:

Sibling attends:

Name of sibling :

DOB of sibling:Year Group:

Distance:

Religion or Faith: (please give details

Other: (please give details)

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NOTES:

- Although you are asked to give reasons for applying for the Academy we can only apply the reasons if they are part of the published admission criteria.

If all of the relevant sections have not been completed or if information is incomplete, the form will be returned to you and this could delay your application. Therefore, please ensure you complete the form in as much detail as possible.

Section G: Declaration

I confirm that by signing this document, where more than one person shares parental responsibility for the child, I have consulted and agreed with that person on this application prior to submission.

In addition I am aware that where parents/carers share equally parental responsibility for the child then only one address can be considered and this is the one nominated on this CAF (this will be verified by the local authority on behalf of all admission authorities. Note: Documentary evidence may be requested).

Name:		
Signature:		Parent / Carer / Social Worker (Delete as appropriate)
Date:		

What do I do next?

Unless you have signed Section E above you should give the whole form to your child's current school. They should complete page 4 of this form and then return it back to you. You should then send the whole form to:

**Admissions
 Louth Academy
 Monks' Dyke Road
 Louth
 LN11 9AW**

