

Futures Institute Banbury In-Year Student Application Form

Please note that the purpose of this form is to seek information to enable our school to initiate the process of in year transfer for you and your child.

Information relating to our data protection policy is available at https://www.futuresbanbury.org/

This form is compliant with the Admissions Code, details of which can be found at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/389388/School_Admissions_Code_2014_-_19_Dec.pdf

Section 1: Details of Child:

| Surname: | Forename: |
|---|--|
| Middle name(s): | Chosen name: |
| Previous surname (if applicable | e): |
| | Date of Birth: |
| | |
| Postcode: | Home phone number: |
| addressed. If this is different from the part | ess where they live with their legal guardian and where any child benefit is ent/carer's address, please explain why on the back of this form. Also, if addresses and state this below, continue on the back of this form if necessary). |
| Does your child have any sibling | gs who currently attend the Academy? Yes / No |
| If yes please give names: | |
| Section 2: Details of Parent/C | arer: |
| Mother's Title: | Mother's name: |
| Mother's address (if different fro | om above): |
| Mother's phone no (if different f | rom above): |
| Mother's mobile no: | Mother's work no: |
| Mother's e-mail address: | ddress as weekly correspondence is sent out by this method). |
| Do you have parental responsib | oility? Yes / No (please delete as appropriate) |
| If no please state who does: | |
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| Father's name: | |
|---|--|
| | |
| Father's phone no (if different from at | oove): |
| Father's mobile no: | Father's work no: |
| | s weekly correspondence is sent out by this method). |
| Do you have parental responsibility? | Yes / No (please delete as appropriate) |
| If no please state who does: | |
| For Looked After Children: Please give Social Worker's name an | d contact details below: |
| Local Authority Responsible for child: | |
| Section 3: Previous Education: | |
| Please give details below of the previ | ous school attended by your child. |
| Name of previous school: | |
| Address: | |
| Date started: | |
| Section 4: Signature of Parent/Care | er: |
| Signature: | Date: |
| | |
| | |
| Please return to KChipperfield@future | |

Mrs K Chipperfield, Futures Institute Banbury, Ruskin Road, Banbury, Oxfordshire, OX16 9HY

We will process personal data and sensitive personal data (also known as 'special categories of personal data') relating to you and your child in accordance with our Data protection policy and in accordance with data protection laws. For further information, please visit <u>Parents & Pupils PRIVACY NOTICE</u>