In-Year Transfer Application Form



Please send the completed form to: Admissions Officer, Chelsea Academy, Lots Road, London SW10 0AB or email to: admissions@chelsea academy.org

Please ensure that you also complete the Common Application Form (CAF), available from yourlocal authority school admissions department and return it to theim. If applying for a Foundation (Church) place you and your Priest/Minister must also complete a Foundation application form available on the Chelsea Academy website www.chelsea academy.org/admissions

Student	Information						
Surname of	child						
Other names					Date of birth		
School year	applying for (please circle)	Y7	Y8		Y9	Y10	Y11
	a looked-after or previously looked-a e send confirmation from relevant So			⁄es	No		
Does the ch)	,	Yes	No			
Does the ch	ild have a sibling at Chelsea Academy	/?	١	Yes	No		
If yes	Name of sibling					Date of	birth
or educatio	ild have a particular medical, social nal need for a place at Chelsea Acade e provide details in a supporting lette			Yes ssiona	No I evidence		
Parent /	Carer Information						
Name of pa	rent / carer						
Home addre	ess (please read our guidance on prod	of of residen	nce)				
			Re	elatior	ship to child	J	
Telephone.		E	mail				
Current	and previous schools atter	nded					
Current sec	ondary school						
Reason for	leaving						
If currently o	ut of school , last secondary school attend	ded					
Last primary	school attended						
If newly-arriv	ved in the UK the child arrived from (cou	ntry)			on	(date)	
Declarat	ion by Parent / Carer						
	at the information given is true to the relevant information, this may resul		_			at if I have gi	ven false or misleading information