

In-Year (casual) Admission Form for entry to

Oasis Academy Skinner Street

**Principal – Mrs Victoria Richmond**

Skinner Street, Gillingham, Kent, ME7 1LG

Tel: 01634 850213 **www.oasisacademyskinnerstreet.org**

# Childs Details

|  |  |  |
| --- | --- | --- |
| First Name/s: | Surname: | |
| Date of Birth: | Male/Female: | Current Year Group: |

|  |
| --- |
| Name Current/Previous School:    Phone Number: |
| Is your child still on roll/ attending this school? |
| Is this child in/previously in public care? If yes please state details/ Social Worker name and number. |
| Does this child have an Education, Health and Care Plan (EHCP) or have a statement of Special Educational Needs (SEN)?    If yes to EHCP, please contact Medway Council SEN Team – seneducationteam@medway.gov.uk |

# Parent/Carer Details

|  |  |  |  |
| --- | --- | --- | --- |
| Title: | First name: | | Surname: |
| Relationship to Child: | | Phone Number: | |
| e.g. mother / father | | E-Mail: | |
| Address: | | | |
| Are you a crown servant?  If yes, please provide proof of posting with this from. | | | |
| Are you moving? If yes, Please provide new address and proof of move e.g. Tenancy agreement.    Expected Moving Date: | | | |

**By signing this form, I confirm that I hold parental responsibility for this child and that all the details I have provided are correct.**

|  |  |  |
| --- | --- | --- |
| Signed: | Name: | Date: |

**Please return this completed form to: Admissions, Oasis Academy Skinner Street, Skinner Street, Gillingham, Kent, ME7 1LG or E-mail: office@oasisskinnerstreet.org**