

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**