IN-YEAR TRANSFER APPLICATION



PART ONE – TO BE COMPLETED BY THE PARENT/CARER

SECTION 1 - PUPIL DETAILS								
SURNAME	FORENAME(S)							
DATE OF BIRTH	MALE/FEMALE	YEAR GROUP						
ADDRESS								
HOW LONG HAS YOUR CHILD LIVED AT THIS ADD	DRESS?	_						
IS YOUR CHILD NEW TO THE UK? YES NO								
DOES YOUR CHILD SPEAK ENGLISH?	YES	NO	SOME					
IF YOU INTEND TO MOVE HOUSE IN THE NEAR FUTURE, PLEASE PROVIDE DETAILS:								
NEW ADDRESS								
ANTICIPATED MOVING DATE								

SECTION 2 - PARENT/CARER DETAILS										
SURNAME			FORENAME(S)							
TITLE	MR / MRS / MI	MR / MRS / MISS / MS / OTHER								
RELATIONSHIP TO CHILD										
DO YOU HAVE PARE	INTAL RESPONS	SIBILITY FOR TH	IIS CHILD?		YES		NO			
HOME TELEPHONE	NUMBER									
MOBILE TELEPHONE	NUMBER									
EMAIL ADDRESS										
HOME LANGUAGE										
DO YOU SPEAK ENG	LISH?		YES		NO		SOME			

SECTION 3 – PREFERRED SCHOOL

Where parents or carers have shared responsibility for the child, they must discuss and agree on the preferred school. Please state the name of the school at which you would like the child to attend below. Remember to check the Admission Policy of the school and whether or not a supplementary form is required to be submitted to support your application.

Supplementary Forms are available from the preferred school directly and must only request additional information that has a direct bearing on decisions made about oversubscription criteria. They must not request information prohibited in Section 1.9 and 2.4 of the School Admissions Code 2012.

PREFERRED SCHOOL NAME		
	unnecessary delays when processing your application; please refer to the omit this form to the correct place.	e List
ARE YOU APPLYING FOR THIS	SCHOOL FOR RELIGIOUS REASONS?	
PLEASE STATE RELIGION:		

You may need to complete an additional form or provide evidence of baptism or church affiliation as required by the school.

SECTION 4 – CHILD'S SCHOOL HISTORY							
CURRENT/MOST RECENT SCHOOL NAME							
LOCAL AUTHORITY				TELE NUM	PHONE IBER		
DATE LAST ATTENDED							
Please note, the c request has been c		d contine	ue to att	end a	at their present	school until	the transfer
PREVIOUS SCHOOL	.S						
PREVIOUS SCHOOL 1					LOCAL AUTHORIT	ΓΥ	
DATE LAST ATTENDED					REASON FOR LEAVING		
PREVIOUS SCHOOL 2					LOCAL AUTHORIT	ΤΥ	
DATE LAST ATTENDED					REASON FOR LEAVING		
PREVIOUS SCHOOL 3					LOCAL AUTHORIT	ΤΥ	
DATE LAST ATTENDED					REASON FOR LEAVING		

Please detail any other previous schools on a separate sheet and attach to this application.

SECTION 5 – REASONS FOR TRANSFER REQUEST

Please provide your reasons for requesting a transfer of schools. Continue on a separate sheet if required.

If the request to move schools is submitted for reasons other than a house move where the child's current school is further than the statutory walking distance from the child's new address; you must ask the child's current school to complete **PART TWO** of this form before submitting this application.

		H THE CHILD		ENT SCHOOL	TO DISC	CUSS THE	Y	'ES		NO	
				TRANSFER?							
HEAD TEACHER		DEPUTY HEAD		HEAD OF YEAR		CLASS TEACHER		0	THER		
DATE OF ME	ETING							-			
	F MEETI	NG (continue	e on a se	parate sheet i	if require	ed)					

SECTION 6 - SIBLINGS

Please provide details of any elder siblings who are currently attending your preferred school. A sibling should be a brother or sister, half-brother or half-sister, step-brother or step-sister living at the same address as the child for whom the application is being made. No priority is given to cousins or other relatives regardless of the address

NAME OF SIBLING	
DATE OF BIRTH	
SCHOOL ATTENDED	

SECTION 7 – ADDITIONAL INFORMATION								
DOES THE CHILD HAVE A STATEMENT OF SPECIAL EDUCATIONAL NEEDS? YES N	٥N							
IS THE CHILD LOOKED AFTER BY A LOCAL AUTHORITY? (often known as 'In Care') YES N	ю							
IF YES, PLEASE STATE WHICH LOCAL AUTHORITY:								
Applications for Looked After Children must be completed or endorsed by a Social Worker or someone who has parental responsibility for the child. Please refer to the guidance document for the placement of Looked After Children available from the Local Authority directly.								
ARE THERE ANY SPECIFIC MEDICAL OR PSYCHOLOGICAL REASONS FOR THE CHILD TO ATTEND THE PREFERRED SCHOOL?	ю							
<i>If yes, please attach details and any supporting evidence from a hospital consultant, social worker or oth relevant professional to this application.</i>	ther							

DOES YOUR CHILD HAVE A CAF (COMMON ASSESSMENT FRAMEWORK)?

YES

NO

SECTION 8 – OTHER AGENCY INVOLVEMENT

Are there any other Agencies or Services (e.g. Education Welfare Service, Social Services, CAMHS, Education Psychology, Sunrise) involved with the child? If so, please provide contact details below:

AGENCY	CONTACT NAME	CONTACT TELEPHONE NUMBER

SECTION 9 – FAIR ACCESS PROTOCOL

The Local Authority has a Fair Access Protocol in place to ensure that unplaced children, especially the most vulnerable are offered a place at a suitable school as quickly as possible.

This section is required to help the Local Authority to ascertain whether or not the Fair Access Protocol will apply to this application.

Has the child ever been Permanently Excluded from a school?	YES	NO	
Is the child currently attending a Pupil Referral Unit?	YES	NO	
Is the child not currently on a school roll? E.g. is new to the area or has been withdrawn from their previous school.	YES	NO	
Does the child have a history of behavioural difficulties?	YES	NO	
Does the child have a history of poor attendance?	YES	NO	
Is the child currently on (or recently completed) a Youth Offending Order?	YES	NO	
Has the child returned from custody or secure accommodation?	YES	NO	
Has the child been out of an educational setting for more than one term?	YES	NO	
Has the child moved to the Borough during Year 11 or after Easter in Year 10?	YES	NO	
Are you seeking to transfer schools in Year 11 without a change of address?	YES	NO	
Is the child on the Child Protection register or classed as a child in need?	YES	NO	
Is the child a carer?	YES	NO	
Does the child have Special Educational Needs (but is not subject to a Statement)?	YES	NO	
Does the child have a disability or medical condition?	YES	NO	
Is the child from a gypsy, Roma, traveller, refugee or asylum seeker group?	YES	NO	
Is the child a child of UK Service Personnel or other Crown Servant?	YES	NO	

If the child meets any of the criteria within the Fair Access Protocol, the application will be referred to be considered at the next meeting of the Local Authority's Transfer Group. Meetings are held fortnightly during term time.

The Transfer Group is in place to establish whether or not the Protocol should be invoked when processing the application and to identify an appropriate placement for the child.

If the protocol is invoked, there is no requirement on an Admission Authority to comply with the parental preference when allocating a place (paragraph 3.11 - School Admissions Code 2012)

SECTION 10 – PARENT OR CARER DECLARATION

If your child has been attending a Rochdale Local Authority school or if you have not recently changed address, or your child's previous/current school is within the statutory walking distance of your home address, you must ask your child's previous or current school to complete Part Two of this application and return it to you for submission with this application. Failure to do so will delay the process.

I HAVE ATTACHED A COMPLETED PART TWO TO THIS APPLICATION: YES		NO	
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I declare that all the information which I have provided on this application is true. I understand that any school place offered on the basis of intentionally misleading or fraudulent information may be withdrawn.

SIGNED:

DATE

If you have provided any additional information with this application, please state the number of additional sheets submitted:

SECTION 11 – DATA PROTECTION ACT

The Council maintains a Register Entry in respect of Education which includes the administration relating to pupils. Personal information provided on this form is treated in confidence and complies with the requirements of the Act. This information may be shared with schools and other Local Authorities.

Verification of Information – the Council may verify the information you have provided on this form which could involve contacting other departments of the Council who maintain appropriate records. In instances where the information provided is different from that held by them, they may use the information on this form.

SUBMITTING YOUR APPLICATION

PLEASE NOTE

Unless the request is submitted due to a house move or if your child is otherwise currently without a school place; if a place is available for your child at your preferred school, admission will normally be arranged for the beginning of the next half term.

If you are applying for a place at a Secondary School or a Community or Voluntary Controlled Primary School, your application should be submitted to the School Organisation and Development Team at this address:

Rochdale Borough Council School Organisation & Development Team PO Box 100 Rochdale OL16 9NP Telephone: 01706 925982 Fax: 0844 963 2309 Email: online.admissions@rochdale.gov.uk

If you are applying for a Voluntary Aided or Foundation Primary School or Academy, your application must be submitted to the school directly who will process your application and inform you of the outcome. Contact details for these schools are provided earlier on this application.