

IN-YEAR TRANSFER APPLICATION



ROCHDALE
BOROUGH COUNCIL

This form must be completed in **BLOCK CAPITALS** in blue or black ink

Section 1 – About the Child

First Name(s)		Last Name			
Date of Birth		Male <input type="checkbox"/>	Female <input type="checkbox"/>	Year Group	
Address	----- -----				
Date School Place Required:					
Is the child from a multiple birth (twin, triplet etc.)?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Does the child have a Statement of Special Educational Needs or Education Health and Care Plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Is the child currently or has the child ever been looked after by a Local Authority?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
If Yes , please state:					
Care Authority:					
Social Worker Name:					
Social Worker Contact Details:					
<i>If the child is no longer looked after please include a copy of the appropriate order (i.e. Adoption Order, Special Guardianship or Child Arrangements order) and a letter from the Local Authority that last 'looked after' your child, confirming the child was in care to the Local Authority immediately prior to the order being granted with this application.</i>					

Section 2 – About the parent/carer

First Name		Last Name			
Title	Mr / Mrs / Miss / Ms / Other:				
Relationship to child					
Do you have parental responsibility for this child?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Home Tel No.		Mobile Tel No.			
Email address					
Preferred Method of Contact	Post <input type="checkbox"/> Email <input type="checkbox"/>				
Is your address the same as the child's address as stated above?	Yes <input type="checkbox"/> No <input type="checkbox"/>				



Section 3 – Preferences

Please choose up to 4 schools as your preferences.

First Preference School

School Name:

Add reasons for this preference

Sibling at school Faith Medical Reasons Exceptional Welfare

Staff Child Service Premium Resident in parish Social Reasons

If selecting **Faith**, please state denomination:

Sibling – please enter the sibling’s details below

Sibling First Name

Sibling Last Name

Sibling Date of Birth

Sibling Gender

Supporting Information *Please note if you are applying for medical or exceptional welfare reasons, additional evidence may be required to be submitted to support your application.*

Second Preference School

School Name:

Add reasons for this preference

Sibling at school Faith Medical Reasons Exceptional Welfare

Staff Child Service Premium Resident in parish Social Reasons

If selecting **Faith**, please state denomination:

Sibling – please enter the sibling’s details below

Sibling First Name

Sibling Last Name

Sibling Date of Birth

Sibling Gender

Supporting Information *Please note if you are applying for medical or exceptional welfare reasons, additional evidence may be required to be submitted to support your application.*



Section 3 – Preferences (continued)

Third Preference School

School Name:

Add reasons for this preference

Sibling at school Faith Medical Reasons Exceptional Welfare
 Staff Child Service Premium Resident in parish Social Reasons

If selecting **Faith**, please state denomination:

Sibling – please enter the sibling’s details below

Sibling First Name	Sibling Last Name
Sibling Date of Birth	Sibling Gender

Supporting Information *Please note if you are applying for medical or exceptional welfare reasons, additional evidence may be required to be submitted to support your application.*

Fourth Preference School

School Name:

Add reasons for this preference

Sibling at school Faith Medical Reasons Exceptional Welfare
 Staff Child Service Premium Resident in parish Social Reasons

If selecting **Faith**, please state denomination:

Sibling – please enter the sibling’s details below

Sibling First Name	Sibling Last Name
Sibling Date of Birth	Sibling Gender

Supporting Information *Please note if you are applying for medical or exceptional welfare reasons, additional evidence may be required to be submitted to support your application.*



Section 4 – Supporting information

Current School

Child's current or previous school

Local Authority

Date last attended, if not currently at the school

If the child has never attended a school, has been home educated, their current school is an independent school or a school outside of the UK, please state:

Never attended school Home Educated Independent School New to the UK

House Move

Are you moving house?

Yes No

If Yes, please give the address the child(ren)/family is moving to:

Anticipated date of move

Supporting documentation

PLEASE NOTE: Before submitting this application, you **must** ask your child's current/previous school to complete the **In Year Supplementary Form** and attach a copy.

Failure to do so may delay the processing of your application.

Section 5 – Parent or Carer declaration

I state that, to the best of my knowledge and belief, the information I have given is correct and complete and I will advise Rochdale Borough Council in writing of any changes to the information in this form. I understand that the provision of incorrect information could lead to the withdrawal of an offer of a school place.

I have read and understood the admissions criteria for each of my chosen preferences.

I agree that Rochdale Borough Council may contact me using the email address I provided on this application form and that it is my responsibility to ensure that the email address is correct and that I am able to access the emails sent to it.

SIGNED:

DATE



General Data Protection Regulations

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

Applications for Rochdale Primary Schools:

Applications for places at Rochdale Borough Primary Schools must be submitted to the Admission Authority for the school directly. This is the Local Authority at the below address for Community and Voluntary Controlled schools and the school directly for Voluntary Aided schools, Foundation schools and Academies.

Applications for Rochdale Secondary Schools:

The Local Authority co-ordinates **all** applications for Rochdale Borough Secondary schools. As such, your application must be submitted to the Local Authority at the following address:

School Admissions Team
Floor 4, Number One Riverside
Smith Street
Rochdale
OL16 1XU

Applications for schools in other areas:

You are advised to check with the school directly to establish where your form should be submitted as the process can vary depending on the admission authority.