

School Transfer Form

Applying for a school place during the school year

Please read this form carefully and complete it as fully as possible.

The information you give will be used to allocate a school place for your child.

Child's details

Legal forenames		Preferred forenames (if different)	
Legal surname		Preferred surname (if different)	
Date of birth (dd/mm/yyyy)	-- / -- / ----	Gender (please tick)	male <input type="checkbox"/> female <input type="checkbox"/>
Child's current address			
Postcode		Local Authority (e.g. Denbighshire)	
Is this application due to a change of address?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If you answered yes, please provide details of either: your previous and the date you moved out of it your new address and the date you will be moving in.	
Previous / new address			
Postcode		Date of change of address	-- / -- / ----

Parent's details – parent who is completing this application

Title		Full Name		
Relationship to child			I confirm I have parental responsibility for the child named above and am their lawful parent / carer / guardian. Please tick <input type="checkbox"/>	
Home telephone number			Mobile number	
Email address			Repeat email address	
Address – if same as child, please tick here and leave box below blank <input type="checkbox"/>				

Name of requested school. In case the first school is full please add an alternative.	1.	Year group: Requested / preferred start date: -- / -- / ----
	2.	

If you are considering applying for free school transport, check your eligibility first by either visiting the Denbighshire County Council website or calling 01824 706101 for advice

Name of current school This school will be notified about your transfer		Local Authority:
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Please state the reason why you wish your child to transfer schools if it is not related to a change of address:

Other application details		Please tick relevant boxes below	
Is the child currently, or have they ever been, in public care (a 'Looked After Child')?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If yes, name the <u>corporate</u> parent			
Does your child have a statement of Special Educational Needs (SEN)?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If your child does have an SEN statement, which school is named?			
What is your child's home language?			
If applying for a dual stream school, which is your child's preferred language for education?	Welsh	<input type="checkbox"/>	English <input type="checkbox"/>
Has your child ever been permanently excluded?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Is your child a young carer?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Please provide any relevant additional information e.g. medical / social reasons for preference: (special circumstances need to be supported in writing by a medical professional, education professional or registered social worker)			
Name and date of birth of one sibling.		Name: _____ Date of birth: __ / __ / ____	

If a sibling is also transferring between schools, an additional form needs to be completed.

Details of other adults with parental responsibility even if they live elsewhere:			
Title		Full Name	
Relationship to child		Please note that all adults with parental responsibility should agree to this application. Where appropriate the Authority will contact a non-resident parent for verification. Your contact details will not be shared.	
Home telephone number		Mobile number	
Email address		Repeat email address	
Address – if same as child, please tick here and leave box below blank <input type="checkbox"/>			
Preferred method of contact	Email <input type="checkbox"/>	Text <input type="checkbox"/>	If the address is different, we will use your preferred method for acknowledging receipt of your application

Declaration:		I confirm that the details above are accurate to the best of my knowledge and belief.	
Signature of parent/guardian	Date __ / __ / __		
Please return your form to:	School Admissions, Customers & Education Support Denbighshire County Council County Hall Wynnstay Road Ruthin LL15 1YN		
		or	admissions@denbighshire.gov.uk
The information requested within this form on pupils, their parents or legal guardians may, in accordance with the Data Protection Act 1998, be shared with other departments in the local Authority. For further information on how your information is used and your rights to access the information which we hold on you see the privacy notice on our website www.denbighshire.gov.uk .			
Please note that the Authority reserves the right to request copies of official documentation to verify residence at the given address. If fraudulent information is given then the local Authority has the right to withdraw the school place.			