

## SCHOOL ADMISSIONS & TRANSFERS – IN YEAR TRANSFER FORM

### Section 1 - Special Educational Needs

Does your child have a Statutory Statement of Special Educational Needs / Education Health and Care Plan? If yes, please contact the SENstart team on 01902 55 5961/1498/5873/5986. **Do not complete this form.**

### Section 2 - Child's details:

Surname _____	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
First Name _____	
Middle Names(s) _____	Date of Birth _____ / _____ / _____
Home address _____	(dd/mm/yyyy)
City _____	Home telephone _____
Postcode _____	Mobile _____

### For Office Use

Passport(s) seen Yes ☐ No ☐ Enter passport number(s) \_\_\_\_\_

POA requested if not supplied Yes ☐ No ☐ Officer initials \_\_\_\_\_

This must be the address where the child normally lives. If this is different from the Parent/Carer's address, please explain why on a separate sheet of paper. **Please notify us immediately if you have a change of address after this form is submitted.**

If you have recently changed address you must supply proof with this application. **Proof of address should be a current council tax bill, a recent utility bill (gas or electric within the last six months) or a signed and dated tenancy agreement.**

### Section 3 – Current / Previous school details:

Name of current or previous school (and Local Authority area situated) \_\_\_\_\_

Please state your reasons for requesting a new school

\_\_\_\_\_

\_\_\_\_\_

### Section 4 - Do any of the following apply to this child?

Is the child from a UK Armed Forces or crown servant family?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the child a refugee or asylum seeker?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you and your child citizens of the UK or European Union?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### **If no, please provide proof of your right to remain**

Does the child speak English? Not at all ☐ Some ☐ Perfectly ☐

If no, what is the child's first language and Nationality? \_\_\_\_\_

Is the child in the care of a Local Authority Yes ☐ No ☐

If yes, please state which Local Authority \_\_\_\_\_

Is the child a Baptised Catholic Yes ☐ No ☐

If not, what are the child's religious beliefs? \_\_\_\_\_

### **Section 5 - Parent/Carer's details**

Name and title (i.e. Mr, Mrs etc.) of Parent/Carer \_\_\_\_\_

Relationship to child \_\_\_\_\_

Parental responsibility Yes ☐ No ☐ **This means that you have the legal right to make decisions about the child e.g. where the child will go to school.**

Is the parents address the same as the child's home address Yes ☐ No ☐

### **Section 6 - School Preferences** – Please enter your preferred schools and details of any sibling currently attending the school

1<sup>st</sup> Preferred School \_\_\_\_\_

Sibling Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

2<sup>nd</sup> Preferred School \_\_\_\_\_

Sibling Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

3<sup>rd</sup> Preferred School \_\_\_\_\_

Sibling Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If you are claiming social or medical reasons, please indicate here what documentary evidence you are providing with your application.

### **Section 7 - Declaration and Signature of Parent's/Carers:**

**This form should only be completed by the person who has parental responsibility. This means that you have the legal right to make decisions about the child e.g. where the child will go to school.**

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Wolverhampton City Council (the 'council') respects your privacy rights and is committed to ensuring that it protects your details, the information about your dealings with the council and other information about you available to the council ('your information'). In accordance with the Data Protection Act 1998, the council will use your information, for the purpose of processing your application for a school place, to (a) deal with your requests and administer its departmental functions; (b) meet its statutory obligations; and (c) prevent and detect fraud. The council may share your information (but only the minimum amount of information necessary to do the above and only where it is lawful to do so) with other departments within the council (including the elected Members), central Government departments, law enforcement agencies, statutory and judicial bodies, community service providers and contractors that process data on its behalf. The council may also use and disclose information, that does not identify individuals, for research and strategic development purposes.

### **Section 8 - To be completed by the Headteacher at the child's current school:**

Parent(s) seen by \_\_\_\_\_

Headteacher's signature \_\_\_\_\_ (please do not sign if the child has a **Statement of Special Educational Needs / Education Health and Care Plan**)

Has the child received any exclusions from school Yes ☐ No ☐

What is the child's current percentage attendance \_\_\_\_\_ %

Is the Education Welfare Service involved with the child Yes ☐ No ☐

Please provide comments relevant to this application for school transfer

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please return this form to: School Admissions and Appeals team, City of Wolverhampton Council, Civic Centre, St Peters Square, WV1 1RL**