



Children and Family Services In-Year Transfer Request Form Academic Year 2017-18

For School Use Only

Date form received at school

Can a place be offered?

YES NO

Is proof of address attached?

YES NO

Has proof of address been requested?

YES NO

Important Notes

- Does your child have an Education Health and Care Plan or Statement of Special Education needs?
If **YES**, please **do not** complete this form – call the Statutory Assessment Team on 01782 232740
- Is your child in care? If **YES**, please **do not** complete this form – ask the Social Worker to contact the In-Year Admissions Team on 01782 237856
- If neither of the above, please continue to complete the form

Section 1 – Name of School applying for

(Print name of school)

We advise that you obtain and read a copy of the School's Admission Policy

- If you are applying for a Religious School/Academy, you will need to complete a Supplementary Information Form. This can be obtained directly from the school.
- If you are applying for a Catholic School/Academy and your child is Baptised, a copy of the Baptism Certificate **must be enclosed with this form.**
- If a Baptismal Certificate or Supplementary Information Form is not supplied, the outcome of your application may be effected.

Section 2 – Child's Details

Has your child previously been in the care of a Local Authority but has now been adopted or is subject to a Child Arrangement Order/Residence/Special Guardianship Order?

Yes: No: If YES, you **MUST** attach evidence of this

Child's First Name:
(Print Name)

Child's Surname:
(Print Name)

Date of Birth:

Year Group:

Male:

Female:

Section 3 – Details of Parent/Guardian completing this form

Do you have parental responsibility for this child?

Yes: No:

What is your relationship to this child?

Mother: Father:

Other * (please state relationship):

If other*, you must provide legal documents which show you have Parental Responsibility

Parent/Guardian: (Print Name)

Parent/Guardian: (Print Name)

Child's Home Address:

Post Code:

Phone: (Mobile) Home/Work

E-mail address:

If you will be moving address, please state your new address below and the expected date of your move. If possible, please enclose a copy of official documentation e.g. Solicitor/Landlord letter, as proof that you will be living there.

New address:

Post Code:

Expected move date:

NB: it is your responsibility to advise The Admissions and Transport Team immediately if these details change. Please email in-yearadmissions@stoke.gov.uk

Section 4 - Details of school age brothers/sisters

Name of Brother or Sister	School Attending	Date of Birth	Year Group
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>

Section 5 – Reason for changing school – To be completed by Parent/Guardian

Last/current school attended:
This section **MUST** be completed

Date last attended:

Reason for applying
for a new school:

Please provide details of any outside agencies currently involved with your child e.g. Social Worker, CAMHS or Education Welfare Officer.

Section 6 – This section must be completed only if your child is currently attending a Stoke-on-Trent school

Please ask the appropriate member of staff at your child's current school to complete this section.

I confirm that the Parent/Guardian has discussed with me the reasons for a transfer and I agree that a move of school would be in the best interests of the child for the following reasons.

Please include any additional information in this box relating to this transfer request.

Signed:

Position:

Print Name:

Date:

Section 7 – Declaration and signature of Parent/Guardian

This application should only be signed by someone with parental responsibility for this child. Applications without an appropriate signature may be delayed.

I declare that all the information I have provided is true. I understand that if a place is offered on the basis of a fraudulent or intentionally misleading application from the Parent/Guardian, the offered place may be withdrawn.

Signature:

Signature:

Date:



All information provided will be treated in confidence, in accordance with the Data Protection Act 1998 and used for the purposes of fulfilling the Authority's statutory and operational needs in relation to school admissions. It may also be shared with other departments in the council for the purposes of preventing fraud, misuse of public funds and any legal or statutory requirements. Information will also be shared with North Staffordshire Primary Care Trust for the purpose of updating and maintaining school nurse records. If you have any objection to this information being shared with NSPCT, please write to:

The Admissions and Transport Team, Children and Family Services, Floor 2, Civic Centre, Glebe Street, Stoke-on-Trent, ST4 1HH. Telephone: 01782 237856.

Further information regarding the admissions process can be found on the City Council's website www.stoke.gov.uk/admissions

Please return this form to the School/Academy you are applying to