



Children and Family Services In-Year Transfer Request Form Academic Year 2020-21

For School Use Only

Date form received at school

Important Notes

- Does your child have an Education Health and Care Plan? If **YES**, please **do not** complete this form – call the Statutory Assessment Team on 01782 232402 (North), 01782 233358 (Central), 01782 231863 (South)
- 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

Can a place be offered?

YES NO

Is proof of address attached?

YES NO

Has proof of address been requested?

YES NO

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 application**.
- If a Baptismal Certificate or Supplementary Information Form is not supplied, the outcome of your application may be affected.

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 another 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 school move 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 (including any reason why you consider this transfer should not progress).

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:



At Stoke-on-Trent City Council we take your privacy seriously and will only use your personal information to fulfil the Authority's statutory and operational needs in relation to school admissions and for purposes required or allowed by law. 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, Ground Floor, Swann House, Booths Road, Stoke-on-Trent, ST4 4SY - Telephone: 01782 237856.

You can find information about how we handle your personal information by visiting www.stoke.gov.uk/dataprotection. You should be aware that we have a duty to protect public funds. We may therefore use the information you provide for the prevention and detection of fraud. We may share this information with other bodies for these purposes. We may also share this information with other departments of the council or other relevant organisations for purposes which may include enforcement.

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