

APPLICATION FOR A SCHOOL PLACE DURING THE ACADEMIC YEAR



PLEASE READ THESE NOTES BEFORE COMPLETING THIS FORM

This form should be used by parents/carers requesting transfers between schools during the school year.
You must complete a separate application for each school and each child.

All relevant sections of the form **must** be completed as fully as possible or the form will be returned to you.

Applications will be processed in strict date order and a decision will be notified in **writing** to the applicant.

This form can be made available in Braille or large type upon request.

Part 1 – Reason for your application

1. Moving into Somerset
2. Moving within Somerset
3. Moving to work at the Hinkley Point site
4. Not moving but wanting to change school
5. Moving out of Somerset

Please tick the relevant box

- ☐ } **Proof of address such as exchange of contract**
☐ } **letter from a solicitor or a 6 month tenancy**
☐ } **agreement signed by yourself and landlord**
☐ } **may be required, we therefore encourage you**
☐ } **to send this with your application.**

Part 2 - Pupil Details

Child's Legal Surname:		Child's Forename(s):	
Date of Birth:		Male / Female (<i>please circle</i>)	
Current Address:		(If applicable)Address moving to:	
Postcode:	Date since	Postcode:	Date if moving:
Current/Previous School:			If Previous school, last date on roll:
Address:			

Part 3 - Preferred School:

It will not always be possible to provide a place at your preferred school. It is therefore recommended that you complete applications for several schools.

When deciding your preference, it may be useful to visit the schools you are considering.

When a place cannot be offered at your preferred school, you will be offered the legal right to appeal against that decision.

School applying
for :

**What is your preferred
start date?:**

Part 4 – Supporting Information

Your answers to the following questions are very important and the Admissions Authority will use this information in conjunction with the appropriate published over-subscription criteria to help determine whether your child has a priority for a place at one of your preferred schools.

1.

Has your child previously been in care and is now formally adopted? **YES / NO** (please circle)

Is this application for a child currently in the care of a Local Authority? **YES / NO** (please circle)

If **Yes**, which Local Authority? :

Name of Social Worker:

Contact Number:

2.

Does your child have a Statement of Special Educational Needs (SEN)? **YES / NO** (please circle)

If **YES** please speak to the SEN Casework Team by contacting 0845 4564038. If your child does have a Statement of Special Educational Needs you do not need to complete this form.

If **NO**, do you believe there are important medical or special needs reasons why a place should be allocated at one of your preferred schools (This does not guarantee a place, but the Admissions Authority may need to consider this information in connection with published over-subscription criteria)

YES / NO (please circle)

Does your child have any specific disability of which a school should be aware? If Yes, please supply any relevant information.

YES / NO (please circle)

3.

Does your child hold EEA (European Economic Area) citizenship? **YES / NO** (please circle)

If you have indicated '**No**', please attach a copy of your child's immigration documents.

4.

Are you involved with the life and worship of a church? **YES / NO** (please circle)

If **YES** please provide details of your Priest/Minister/Leader and explain the relationship on the appropriate 'Faith' Supplementary Information Form.

Name:

Address:

Is your child baptised/christened?

YES / NO (please circle)

If **YES** in which denomination?

If you are applying for a place at a Catholic Voluntary Aided School, you will need to supply a copy of the Baptism / christening certificate.

Please tick if included ☐

5. Will there be any siblings on roll at your preferred schools at the time the school place is required? The sibling(s) must be resident at the same address.

If **YES** please provide details of each sibling(s):

Child's Legal Surname:	Child's Forename(s):
Date of Birth:	Male / Female (<i>please circle</i>)
School child attends:	Child's current Year
Child's Legal Surname:	Child's Forename(s):
Date of Birth:	Male / Female (<i>please circle</i>)
School child attends:	Child's current Year
Child's Legal Surname:	Child's Forename(s):
Date of Birth:	Male / Female (<i>please circle</i>)
School child attends:	Child's current Year

6. Fair Access Criteria – please tick if any of the following applies to your child. (Please note that ticking one of the boxes below does not guarantee a place at your preferred school. It will enable the Fair Access Protocol to be invoked should you be unable to secure a school place under the normal in year admission process)

a) Children from the criminal justice system or Pupil Referral Unit or alternative provision who need to be reintegrated into mainstream education	
b) Children who have been out of education for two months or more	
c) Children of Gypsies, Roma, Travellers, refugees and asylum seekers	
d) Children who are homeless	
e) Children / family working with Children's Social Care or Health professional	
f) Children who are carers	
g) Children with special educational need, disabilities or medical conditions (but without statement)	
h) Children known to the police or a number of other agencies	
i) Children who have to move school because of domestic violence (whether staying in a refuge of with friends/other relatives)	
j) Children in Year 6 and Year 10 pupils (from summer term)	
k) Children in Year 11	
l) Children of UK Service Personnel	
m) Any other children who arrive in Somerset outside the normal admissions round who have difficulty securing a place	
n) Children at risk of permanent exclusion from school	
o) Children whose behaviour is a cause for concern	
p) Children with poor attendance of 85% or less in the current or previous academic year	

Part 5 - Applicant's Details

Title: Mr/Ms/Mrs/Miss/Other (please state)	
Parent/Carer's Surname:	Parent/Carer's Forename:
Relationship to child:	
Address (if different from child's):	
Postcode:	
Daytime Tel No:	Mobile Tel No:
E-mail Address:	Do you have legal Parental Responsibility for this child? (<i>please circle</i>) YES / NO

Part 6 - Declaration

I understand that applications must be made by the child's legal parent/carer and that by signing the declaration below I will be confirming my understanding of the information provided on this application form and that the information I have provided is correct. I accept that the Admission Authority reserves the right to withdraw school places which have been obtained by providing incorrect or misleading information.

I understand that it is the parent's responsibility to ensure that the Admission Authority receives the completed application form safely. I note that it is recommended to send my application form by Special Delivery post, or obtain a proof of posting certificate, or a receipt from a County Hall Reception desk if my application is hand delivered. Furthermore, I understand that if my preferred schools include a school in another Local Authority (LA) area, that authority's timescale for providing a decision may be different.

I accept that where parents equally share parental responsibility and two applications are submitted for the same child, the Admission Authority will require the parents to agree which application is to be considered and which should be withdrawn. If parents cannot agree and there is no court order to determine majority responsibility, the preferences indicated by the parent who receives child benefit for the child concerned will be awarded a higher priority than those from the other parent.

I accept that the child's home address must be the place where the child permanently resides for the majority of the time. This would normally be at the same address as the person who has Parental Responsibility for the child and is their main carer. Where the child spends equal amounts of time with both carers, the Admissions Authority will consider the place of residence of the parent/carer who receives Child Benefit to be the child's home. Evidence of parental responsibility will be required should there be doubt and the Admissions Authority may undertake thorough residency checks and reserves the right to request independent confirmation of the child's address.

DATA PROTECTION ACT 1998

Your personal data will be held and used by Somerset County Council (SCC), in accordance with the Data Protection Act 1988.

The information that you give on this form will be used by the Council for the purpose of processing your application for a school place for your child. The information will be shared with early years settings, health authorities, schools, academies and free schools and may also be shared with other SCC service providers, School Appeal Panels and EDF Energy. If you are also applying for a school outside Somerset it may be shared with other Local Authorities and schools and academies in their area.

SCC will not disclose this information to any unauthorised person or body, however, this information may be used by SCC to:

- **help improve services**
- **deal with complaints and comments**
- **prevent and detect fraud or crime**

Members of the public have a legal right to request see personal data held by SCC. A request for this is called a Data Subject Access Request; ring Somerset Direct on 0845 345 9166 for more details

Signature of Parent/Carer/ Guardian:

Date:

Part 7 – Submitting your application form

When you are satisfied that you have provided all the relevant information on your application form and any necessary Supplementary Information Form(s) including proof of address, please ensure that you have signed the declaration in Part 6 and then submit your completed application to your preferred school.

Sections 8 and 9

IMPORTANT INFORMATION

The information requested in parts 8 and 9 **will not** be used to make the decision whether or not to offer your child a school place. This information is used solely for the purpose of identifying whether your child meets the criteria for consideration under Fair Access and to assist the new school with planning for your child's admission. You will be neither advantaged nor disadvantaged by completing these sections.

Moving school for whatever reason is a very important decision to make.

The Local Authority would strongly advise you to:

1. Discuss the move with your child's current school before taking the decision to transfer your child to another school.
2. Visit your all preferred schools before making an application

Part 8 to be completed by parent/carer

Part 9 to be completed by current or previous school

There is no statutory requirement to complete sections 8 and 9 however we would encourage you considering sharing information about your child.

By signing I understand that any information provided in sections 8 and 9 will be shared with the schools for which I have made a preference.

Please tick the box if you would like the Admission Authority to obtain the information contained in part 9 from your child's current or previous school on your behalf ☐

Print name:

Signature of parent / Guardian:

Please send the completed sections 8 and 9 with your application form to your preferred school.

Not to be used to make a decision as to whether or not a place is offered. This information is to be used for the purposes of assisting the new school with planning for your child's admission.

Part 8 – Additional Information

Reason for leaving

Permanently excluded ☐

Fixed term excluded ☐

Other ☐ (Please provide details)

Why do you want your child to change school? (Please give as much further information as you can, using a separate sheet if required.)

I have discussed my reasons for wanting to change school with my child's current school. ☐

Please provide the name of the person(s) you have spoken to at your child's current school –

Date of any meetings -

Have any of the following services been involved with your child in the last 3 years? **YES / NO** (please circle)

(Please tick all relevant boxes below)

Parent Family Support Advisor (PFSA) <input type="checkbox"/>	Access Liaison Officer <input type="checkbox"/>
Medical tuition team <input type="checkbox"/>	Educational Psychologist <input type="checkbox"/>
Children's Social Care <input type="checkbox"/>	Child and Adolescent Mental Health Service <input type="checkbox"/>
Behaviour Support Worker <input type="checkbox"/>	Physical Impairment Team <input type="checkbox"/>
Elective Home Education Team <input type="checkbox"/>	Traveller Education Service <input type="checkbox"/>
Safeguarding Children Team <input type="checkbox"/>	Speech, Language and Communication Team, <input type="checkbox"/>
Autism Team <input type="checkbox"/>	Children's Autism Outreach Team <input type="checkbox"/>

Other – (Please specify) _____

Is your child attending school regularly? Yes ☐ No ☐

If no is an Education Attendance Officer involved? Yes ☐ No ☐

If your child is not attending regularly, please state why.

Not to be used to make a decision as to whether or not a place is offered. This information is to be used for the purposes of assisting the new school with planning for your child's admission.

Part 9 – Information for your child's current or previous school to complete

In Year Admissions Additional Information

Please ask an appropriate member of staff at your child's current school, for example the Headteacher or Head of Year to complete and sign this form. You must return this section with your application form.

Pupil's name	Date of Birth
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Attendance %	Period covered
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Special Needs					
School Action	Yes	No	School Action Plus/pupil specific funding	Yes	No
Individual Education Plan or Pastoral Support Plan	Yes	No	Statement	Yes	No

Agencies involved –

N.C. SATS Levels	Maths	English	Science
KS1			
KS2			
KS3			

CATS Score	Verbal	Non Verbal	Quantitative	Mean
Options for Y10/11 students				

Student Strengths/Interests/Achievements	
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Is the student – please indicate based on the student's last progress report								
Academically confident	YES	1	2	3	4	5	No	
Stable peer relationships	YES	1	2	3	4	5	No	
Well motivated	YES	1	2	3	4	5	No	
Behaviour	YES	1	2	3	4	5	No	

Medical history / concerns	
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Other relevant information you would like to make the receiving school aware of:
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Print name:

Position in school:

Signature: