**A picture containing logo

Description automatically generatedIn-Year Transfer Application Form for Voluntary Aided Schools**

This form should be returned directly to the school- bursar@newbottle.northants-ecl.gov.uk

Please fill in this form using black or blue ink and CAPITAL LETTERS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Your Child’s Details (as stated on birth certificate)** | | | | | |
| **Forename:** | | **Middle Name:** | | **Surname:** | |
| **If you child has been known by another name, please enter here:** | | | | | |
| **Date of birth:** | | **Male** | | **Female** | |
| **Current/Most Recent School:** | | | | | |
| **Authority** | **Establishment Name/address** | | **Date from:** | | **Date Last attended:** |
|  |  | |  | |  |
| **Home Address: (this must be your child’s current, permanent address):** | | | | | |
| **Post Code:** | | | | **Year Group Required/Potential Start Date** | |

|  |  |  |
| --- | --- | --- |
| **Parent/Carer Details** | | |
| **Title: Mr/Mrs/Ms/Miss/Other** | **Initials:** | **Surname:** |
| **Relationship to child:** | | |
| **Tel (mobile)** | **Tel (home):** | **Tel (work):** |
| **Email:** | | |
| **Home Address: if different from above** | | |
|  | | **Post Code:** |

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| **Additional Needs (tick or highlight the appropriate box)** | | |
| Does your child have an Education, Health and Care Plan? | **Yes** | **No** |
| Is your child in the care of the Local Authority? If yes, please attach documentary evidence | **Yes** | **No** |
| Has the child previously been in care and did they leave care through adoption, a special guardianship order or a child arrangements order or were they adopted from state care outside England? | **Yes** | **No** |
| Are you applying for a school place under Social and Medical grounds. See Social/Medical criteria in the Guide to In-Year Admissions | **Yes** | **No** |
| \*If you have ticked ‘YES’ for any of the above, please provide details (i.e. dates and reasons for exclusions/absences and contact details of EWO’s/Social Workers) here | | |

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| --- | --- |
| **Transfer Details** | |
| When are you looking to transfer your child? (ASAP or DATE) |  |
| Are you transferring schools due to a change of address? If yes, please provide details of your new address and your approximate move in date below |  |
| Are you requesting to transfer schools but NOT moving address? If yes, please state your reasons for transferring schools below |  |
| Please note your reasons for transfer, including any previous/new addresses here: | |

I have read and understood the school admissions policy (In-Year Admissions) before completing this form and I confirm that:

* the information I have given on this form is correct
* I understand that inaccurate or misleading information may lead to the withdrawal of the school place allocated
* I have parental responsibility for his child
* I can confirm my child has the right to be educated in the UK at a state funded school.

|  |  |
| --- | --- |
| Signature of parent/carer |  |
| Date |  |

The information you provide will be used in order to allocate your child a school place in accordance with the relevant published admission and criteria. It will be stored securely and will not be disclosed to any other person or agency, apart from relevant schools, admission authorities and services.