

REQUEST FOR AN IN-YEAR TRANSFER or SCHOOL ADMISSION

IMPORTANT - ALL SECTIONS OF THIS FORM MUST BE COMPLETED BEFORE IT CAN BE PROCESSED. PLEASE LIST PRIMARY / SECONDARY CHILDREN ON SEPARATE FORMS

Forename: Surname: DOB: M / F NCY
Forename: Surname: DOB: M / F NCY
Forename: Surname: DOB: M / F NCY

Name of Parent / Guardian: Mr/Mrs/Miss/Ms:

Contact Number: Email:

NEW / CURRENT Address:

(Including postcode): IF MOVING HOUSE, date of move:

OLD / PREVIOUS Address:

(Including postcode):

IMPORTANT: Please list three school preferences:

1: **2:** **3:**

If you are applying for a Faith school and wish to apply on the grounds of your child's Faith, please contact the school you are applying for to complete a supplementary information form.

Please give details of the previous school(s) your child has attended:

School name and address:

Dates attended:

School name and address:

Dates attended:

Does your child have a Statement / Education, Health & Care Plan (EHCP)? YES / NO

Is the child in public care? (i.e. looked after by the Local Authority) YES / NO

(Give provide relevant information such as which Local Authority and social worker details. The Virtual School must be notified of all children in public care of a school transfer application before a form is completed)

Please give details of brothers and/or sisters currently attending school:

Name(s):

DOB:

School(s):

.....
.....

IMPORTANT: CURRENT / PREVIOUS SCHOOL TO COMPLETE & SIGN THIS SECTION

You must discuss any school transfer request with the Head Teacher / Principal or Head of Year of your child's current school before submitting your request to the Education Department.

Discussed with: Date:

Head Teacher (or approved signatory): *I, the undersigned, hereby declare that I consent to the proposed transfer request and know of no grounds for refusal.*

Signed: Position in School:

PLEASE INDICATE THE MAIN REASON FOR REQUESTING A SCHOOL TRANSFER / ADMISSION

House move or new to area: Other reason (e.g. child unsettled / bullying etc.)

If necessary, please state more specific reason(s) for each of your preference(s) below and include any supporting documentation e.g. medical reports, GP letters that may support your request(s) for example if you are applying on the grounds of "exceptional social and/or medical needs".

Read the Guide to Parents booklet at www.middlesbrough.gov.uk/parentsguide

Preference 1:

Preference 2:

Preference 3:

ADDITIONAL INFORMATION:

Nationality:

If English is not the child's first language, please state the level of English

- No English
- Little English (Basic words and phrases)
- Good English

Are you seeking Asylum, or a Refugee? Yes / No (If Yes please provide relevant documentation)

Parent / Guardian: I declare that I have read and understand the Guide to Parents Booklet and the information given on this form is true. I also declare that I have parental responsibility for the child(ren) and confirm that all persons with parental responsibility have consulted and agreed to this form. Children should continue to attend their current school until the transfer process is complete.

Signed: Relationship to child:

Date: Form completed by:

Privacy Notice: The information provided on this form will be used for the administration of School Admissions and to ensure Council records are correct. Information may also be shared with other agencies and service providers to ensure your child receives an appropriate service or for the prevention of fraud or crime. For our full Privacy Notice see www.middlesbrough.gov.uk/privacy/schools

PLEASE SIGN AND RETURN COMPLETED FORM TO:

**Middlesbrough Council, School Admissions, Middlesbrough House,
50 Corporation Road, Middlesbrough TS1 1LT
EMAIL: schooladmissions@middlesbrough.gov.uk**

The Admissions Team can be contacted on: 01642 201891 / 201856 / 201890 / 201889