MID-TERM (IN YEAR) TRANSFER Application for a Shropshire school



Section 1: Pupil Details:					
Forename/given name:	Middle name(s):		Surname/family name:		
Date of birth	Gender (please tick):		If TWIN or multiple please tick box		
			and complete an application		
Day: Month: Year:					
Nationality:	Воу	Girl			
Home Address: Future home address: (where move is due to take place)					
Postcode:	e:		Postcode		
Castion 2. Droformed Caboolo					
Section 2: Preferred Schools Parents are responsible for submitting the	is application to	a apph of their	proformed schools		
1st:				(Name of school)	
2nd:				(Name of school)	
3rd:				(Name of school)	
				· · · ·	
Section 3: School currently attendin	g or where cu	irrently on roll	(and address if no	t in Shropshire)	
	(Sc	:hool)	(Date	alast attended)	
Section 4: Brother(s) or sister(s):					
Name of any brother(s) or sister(s) already atte	nding preterred	schools(s) abov	e:		
Name:	School:		Date of Birth:		
Name:	School:		Date of Birth:		
Section 5: Reasons for transfer					
Section CiStatement of Special Educ	etional Nood	le ex Educati	enal Health Caro		
Section 6:Statement of Special Educational Needs or Educational Health Care Plan: Does your child have a statutory Statement of Special Educational Needs or EHCP? Please tick box if YES					
Which local authority issued the statement?					
(Children who have a Statement of Special Educational Needs will have a placement arranged through Inclusion Services)					
Section 7: Looked After Children					
Please tick the box if the child for whom you are applying for a school place is "looked after" by a local authority or					
if they were previously 'looked after' and then adopted.					
Looked after by which local authority?					

Section 8: Applicant's details						
Title (Mr/Mrs/Miss etc):	Forename/given name:	Surname/family name:				
Address:						
Telephone no. (home):	Telephone no (work):	Telephone no (mobile):				
Email address:	Relationship to pupil:	Do you have parental responsibility for this child? (Please tick): Yes No				
Section 8a: Additional information						
Some applications may need to be considered under the Fair Access Protocol. To help determine whether this is applicable, please tick the box if the following apply and provide details where appropriate:						
Is the pupil a child of UK service personnel?	Is the child elig	jible for free school meals?				
Is the child a member of the Gypsy/ Roma/ T community?	nanging schools due to domestic					
Are you a refuge or asylum seeker?	Is your child a	carer?				
Has the pupil been permanently excluded? (please give details below)		been accessed alternative as tuition services? (Please give				
Does the child have disability or medical condition (but no statement or EHCP)? (Please give details below) Are support agencies working with you and /or your child? (Please give details below) (Please provide additional information in relation to the information above):						
Section 9: Current Headteacher's Declaration (for Shropshire Headteachers only):						
Section 9: Current Headteacher's Declaration (for Shropshire Headteachers only): I am aware of this applicant's request to transfer their child to another school						
Signed	Printed Name					
Section 10: Admission to own Admission Authority Schools:						
If your preferred school is an Admission Authority with religious oversubscription criteria you may be required to give additional information (e.g. baptismal certificate) to help school governors consider your application						
Section 11: Applicant's Declaration						
All information given on this form must be genuine. Random checks may be made and applicants may be asked to produce verification of their address details. The address given must be the current genuine residence of the parent/ carer who has parental responsibility for the child, and this is expected to be the address where the child is resident for the majority of the time. The address of a grandparent/other close relative or childminder is not acceptable.						
I declare that the information given in this application is correct. I understand that a place may be lawfully withdrawn if the information given is found to be fraudulent or misleading or if it results in a place being offered in error, even if the child has already started at the school.						
Signed: (Parent/Carer)		Date:				
Once completed this form must be returned to your preferred school in Shropshire.						
If you require any further help in securing a school place, please contact the Admissions Team on telephone number 0345 678 9008 or email: <u>school-admissions@shropshire.gov.uk</u> The Parents' Guide to Education in Shropshire" booklet is available on www.shropshire.gov.uk/schooladmissions						
Disclaimer:						

Information may be disclosed to local authorities, health authorities, schools, colleges, or other places of education for the purpose of ascertaining your child's eligibility for a school placement. We reserve the right to make appropriate enquiries about the validity of information given on this form.