

**Admissions Team**

School Support Unit,

Civic Centre,

Swansea SA1 3SN

**Application for Admission for In Year Transfer (Secondary)**

The information you give will be used to allocate a school place to your child

|  |  |  |
| --- | --- | --- |
| **PUPIL DETAILS** | | |
| **Pupil’s Surname:** | **Pupil’s First Names:** | **Date of birth:**   |  | | --- | |  |   **Gender:** |
| **Pupil’s Present School:** | | |

|  |
| --- |
| **Pupil’s Current Address**  **…………………………………………………………………………………………………………………………………………**  **…………………………………………………………………………………………………………………………………………**  **…………………………………..…………………………………………. Postcode …….……………………………………..** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of parent (s) or Adults with Parental Responsibility** | | | | |
| **Title:** | | **Initials:** | **Surname:** | **Telephone number:** |
| **Relationship to child:** |  | | | |
| **Address if different from pupils address:** | | | | |
| **Email address:** | | | | |
| **Title:** | | **Initials:** | **Surname:** | **Telephone number:** |
| **Relationship to child:** |  | | | |
| **Address if different from pupils address:** | | | | |
| **Email address:** | | | | |

|  |
| --- |
| **1st Preference School:** |
| **2nd Preference School:** |
| **3rd Preference School:** |

|  |
| --- |
| **Date admission required: ……../..….../…………. Year Group for Pupil to be admitted into: Year …………** |

|  |  |  |  |
| --- | --- | --- | --- |
| **SIBLING DETAILS:** Please give full names and date of birth of any siblings, who are attending the preferred school that you are applying for (Sibling includes half-siblings, step siblings and foster children living in the same household). | | | |
| **Sibling Legal Name** | **Date of Birth** | **School** | **Relationship to Applicant** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **ADDITIONAL LEARNING NEEDS** |
| **Does your child have a Statement of Special Educational Needs?** Yes  No |
| **Does your child have an Individual Development Plan (IDP)**  **where the LA has named a school in section 2D.1 of the IDP?** Yes  No |

|  |
| --- |
| Is the pupil **“looked after”** (in the care of a Local Authority) or been  **“previously Looked After’’** (in the care of a Local Authority)? Yes  No  If **Yes** please complete the attached Supplementary Information section of this form. |
| **Supplementary Information** |
| To be completed if you ticked **‘YES’** to the question:  ‘Is the child **“Looked After”** (in the care of a Local Authority) or been **“previously Looked After’’** (in the care of a Local Authority).’  Please be aware that the information below should be completed in full and the social worker contacted before we can process your application:- |

|  |  |  |
| --- | --- | --- |
| **Please state which Local Authority the child is in the care of:** | |  |
| **Date of first LAC episode and LAC status at that time:** | |  |
| **Current LAC legal status:** | |  |
| **Date LAC status ceased**  ***(if applicable)*:** | |  |
| **Reason for LAC status being ceased:** | |  |
| **Contact details of current (or previous) Social Worker:** | | |
| **Name of current (or previous) Social Worker:** | |  |
| **Email:** |  | |
| **Telephone:** |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Does the pupil have a disability or long term medical condition?** Yes  No  If **Yes**, please provide brief details: ……………………………………………………………………………………………….. | | | |
| **Does the pupil have any assessed emotional or behavioural**  **conditions that impact on learning?** Yes  No  If **Yes**, please provide brief details: ……………………………………………………………………………………………….. | | | |
| **INVOLVEMENT WITH OTHER SERVICES: Please tick box and provide contact details below** | | | |
| Educational Psychologist |  | Contact Name | Telephone No. |
| EAL Support |  | Contact Name | Telephone No. |
| CAMHS |  | Contact Name | Telephone No. |
| Behaviour Support Service |  | Contact Name | Telephone No. |
| Hearing Support Service |  | Contact Name | Telephone No. |
| Visual Support Service |  | Contact Name | Telephone No. |
| Health Visitor |  | Contact Name | Telephone No. |
| Social Services |  | Contact Name | Telephone No. |
| Medical Consultant |  | Contact Name | Telephone No. |
| Youth Offending Service |  | Contact Name | Telephone No. |
| Other |  | Contact Name | Telephone No. |

|  |
| --- |
| **OTHER INFORMATION** |
| Please state the pupils first language |
| Which Authority do you pay your Council Tax to? |
| Please indicate if the pupil is of UK Service Personnel Yes  No |

|  |
| --- |
| **Please state in full your reasons for requesting a transfer** (If reasons are not stated in full, this will delay consideration of your request). |
| …………………………………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………………………………… |
| …………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………………………………… |
| **Have you discussed your concerns/reason for requesting a transfer with your current headteacher?**  Yes  No  Please note that this is an essential requirement and the headteacher of the current or most recent school is required to report on this conversation in his/her contribution of this form. |
| **Have you discussed your request for transfer with the headteacher at your chosen school?**  Yes  No |

|  |
| --- |
|  |
| **Headteacher Section:**  To be completed by pupil’s current or most recent school |
| **The Headteacher (or Head of Year) at the pupil’s current or any previous schools attended MUST complete this section before we can process the application. The form needs to be stamped with the school stamp. Failure to gain completion of this section will delay the application being processed.** |

|  |  |
| --- | --- |
| Pupil’s Name: | Pupil’s Date of Birth: |
| Present or Most Recent School: | |

|  |
| --- |
| Does the pupil require any additional support or intervention in relation to any of the following? Please tick (If YES please include most recent copy of IEP)  School maintained IDP ☐ LA maintained IDP  School Action  Hearing Support Service  Visual Support Services  School Action Plus  Youth Offending Service  EAL Support  Statemented  Behaviour Support Services  Educational Psychologist  Under Assessment  CAMHS  Medical Consultant  Health Visitor  Child Protection  Child In Need  Social Services  Looked After Children  Child Sexual Exploitation  Other (please specify): Traveller Education Service  EYST  ……………………………………………………………………………………………………………………………………. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please give % attendance and number of unauthorised or absences | Current Academic Year | % | Number of Unauthorised Absences |  |
| Previous Academic Year | % | Number of Unauthorised Absences |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Exclusion History | Number of Fixed Term Exclusions |  | Total Number of Days |  |
| Please give reasons & attach PSP if applicable | | | | |
| Interactions with peers and staff | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| KS2 Levels | KS3 Levels | CAT | |
| English | English | Verbal | Non-Verbal |
| Maths | Maths | Quantative | Mean |
| Science | Science |

|  |  |  |
| --- | --- | --- |
| Proposed GCSE Courses – if applicable |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

School Stamp

|  |  |  |
| --- | --- | --- |
| Has the parent discussed the transfer request with you and are there any reasons why you feel this change of school would be detrimental to the pupil in any way? | | |
| Name: | | School Stamp |
| Position Held: | |
| Signed: | Date: ………/………/……… |
| **Please return this form to: midyearadmissions@swansea.gov.uk or**  **Admissions Team, School Support Unit, Civic Centre, Oystermouth Road, Swansea, SA1 3SN** | | |

**Mae’r ddogfen hefyd ar gael yn Gymraeg**

**This document is also available in Welsh**

|  |
| --- |
| **In Year School Admission Request - IMPORTANT INFORMATION** |
| This form should be used for all pupils who require an in year school place. This may be due to a house move or to request an alternative school place. Before you decide to request a transfer to another school, for reasons other than a house move, you should consider your options very carefully and discuss your reasons and any issues with the Headteacher of the pupil’s current school. **Note:** A change of school does not always resolve a problem.  If the request is for a child to transfer school, not due to a house move, it will be agreed, provided there is room in the year group in the school. These transfers only take place at the beginning of a term or half term. Your child must continue attending their current school until you are offered a place in an alternative school. Parents, by law, are responsible to ensure their child receives full time education.  Free home to school transport is only provided for pupils who live two miles or more from their designated primary school or three miles or more from their designated secondary school. If you are applying for a place at a school that is not the designated school for your home address, the responsibility and the cost for getting your child to and from school lies with you as parent/carer.  The local authority will not provide free home to school transport when a pupil does not attend their designated school.  Further information about school transport and admissions is available on the Councils website and hard copies of explanatory material can be provided upon request. |
| **Please return this completed application to:**  Admissions Team  School Support Unit  Civic Centre  Swansea  SA1 3SN Email : midyearadmissions@swansea.gov.uk  Parents and schools will be informed of the allocation of places to mainstream pupils by letter.  **DATA PROTECTION PRIVACY STATEMENT -** Swansea Council is the data controller for the personal information you provide on this form.  We are collecting this information as part of our obligation under the Welsh Government School Admissions Code.  Your information will be used to help us fulfil our legal obligations associated with arranging school places and will not be used for any other purpose.  We will not share your data with third parties unless we are required or permitted to do so by law which will include data sharing with the school(s) relevant to your child. We are obliged by law to report certain matters on school pupils to Welsh Government.  Data protection law describes the legal basis for our processing your data as necessary for compliance with a legal obligation.  For further information about how Swansea Council uses your personal data, including your rights as a data subject, please see our corporate [privacy notice](http://www.swansea.gov.uk/privacynotice) on our website <https://www.swansea.gov.uk/privacynotice>  **VERIFICATION OF INFORMATION** – The Local Authority reserves the right to contact other Local Authority departments or other organisations or individuals to verify the details submitted on this admission application form.  **Please tick to confirm this statement has been read:** ☐ |

|  |
| --- |
| **Declaration** |
| * I understand I have the right to express a preference for the school where I wish the above child to be admitted and that, if I do not express any preference I may not get a school place at my preferred school. * I have read and understood the published criteria relating to school admissions. * I understand that a place may be lawfully withdrawn if the information given on this form is fraudulent or misleading and that steps will be taken to confirm that the correct address has been used. * I confirm that I am the legal guardian holding parental responsibility for the pupil concerned and that all of the information included on the application form is true to the best of my knowledge. * **I confirm that I have parental responsibility for the pupil and have obtained the agreement of all other persons who have parental responsibility for the pupil to make this application.**   Date  Signature |