

**WAKEFIELD COMMON
APPLICATION FORM**

PART A

ID Number: _____

PRIMARY

CHANGE OF SCHOOL WAKEFIELD COMMON APPLICATION FORM

PLEASE REFER TO THE ENCLOSED GUIDANCE NOTES WHEN FILLING IN THIS FORM OR FOR FURTHER INFORMATION VISIT OUR WEBSITE

Please give Part B to your current school for them to complete. The School Admissions Team must receive both Part A and Part B before the application can be processed.

**Any queries please contact: School Admissions, County Hall, Bond Street, WAKEFIELD, WF1 2QL
Telephone: 01924 306052 Fax: 01924 305611**

Email: admissions@wakefield.gov.uk

www.wakefield.gov.uk/admissiontoschool

CHILD'S DETAILS:

Forename(s): _____
Legal Surname: _____ Any Other Surnames Used: _____
Male/Female: _____ Date of Birth: _____
Child's first language: _____ Does your child speak English? Yes No Some
Home Address: _____

Postcode: _____

YOUR DETAILS:

Title: Mr / Mrs / Miss / Ms / Other: _____
Your Name: _____ Your relationship to the child: _____
Who has parental responsibility for the child? _____
Telephone Number Day: _____ Evening: _____
Mobile: _____
Email Address: _____

Please tick all of the following that apply to your child:

- In the Care of WMDC - **Part A must be completed by the Social Worker and signed by the Virtual School Head**
- In the care of another Local Authority – please state which Authority _____
- Previously in Public Care – please state which Authority _____
- An Asylum Seeker/A Refugee A Traveller Child Permanently Excluded

Please indicate your preferred start date here: _____ **ASAP**

School Preferences: **Parents are encouraged to name more than one school**

Please list which schools you would like to apply for in order of preference:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Please give details of any siblings who are already attending or will be attending this school

Surname	Forename/Middle Name	Date of Birth	Gender	Address (if different to child applying)

Current School:

Please fill in the details of the child's current school or the school that they last attended:

School Name: _____

Address: _____

Town / Country: _____

Telephone Number: _____

Name of Headteacher: _____

Date child started: _____

Date child last attended: _____

Does your child attend school regularly?

Yes

No

If **NO** why? _____

Reason for Transfer:

We have moved / are moving house

Date / proposed date of Move: _____

Old Address: _____

New Address: _____

You may be asked for some documentary evidence of your move. Examples: Exchange of Contract, Tenancy Agreement, Tax Credits, Child Benefit, Council Tax bill or Utility bills.

Other reason – please state:

PART A

Other Schools Attended:

Please list any other schools that the child has attended in the last 3 years:

School Name: _____ Town: _____

Attended from: _____ To: _____

Reason for leaving: _____

School Name: _____ Town: _____

Attended from: _____ To: _____

Reason for leaving: _____

Further details about the transfer

If you are applying for a transfer from another Wakefield school because your child is having problems with the current school.

Have you met with the child's class teacher or Head of Year? Yes No

Person we met with: _____ Date: _____

Outcome of meeting: _____

Have you met with a senior member of staff at the school such as the Headteacher? Yes No

Person we met with: _____ Date: _____

Outcome of meeting: _____

Have you met with any of the following to help you? Please tick and give details:

- Social Services
- Parent Partnership
- Chair of Governors
- Education Welfare Officer
- Other (please state) _____

Person we met with: _____ Date: _____

Outcome of meeting: _____

Does your child receive support from any external agencies? Yes No

If **Yes**, please give details below:

PART A

Other details about the child:

Does your child have any extra learning or behaviour support in school?

Yes

No

If your answer is **Yes**, please give further details.

Does your child have special educational need?

Yes

No

If your answer is **Yes**, please give us further details about their education needs and what support they are currently receiving at school.

Does your child have a Statement of special educational need?

Yes

No

Are there any other agencies involved with the child?

Yes

No

Social Worker's Name and Telephone Number: _____

Education Welfare Officer's Name: _____

IMPORTANT: Is there anyone who **should not have access to information** about the child? _____

Other Information:

Is there any other information that you want to tell us?

Declaration

I confirm that **all** other persons with parental responsibility have been contacted and have agreed to the transfer request. I also confirm that to my knowledge, there are no applications before the County/Magistrates Courts by a parent, someone claiming to be a parent etc., disputing the child's residence or which school they attend.

I certify that the information, which I have given, is correct. I also give permission for you to contact any relevant agencies that the information specified on this form is correct. I consent to Wakefield Council processing the information detailed in this form. I understand that this will be used by the company for its administration purposes and my consent is based upon Wakefield Council complying with the Data Protection Act 1998.

Name: _____

Signature: _____

Date: _____

Upon signing and submitting the application form you have deemed to have accepted the policies of each school, as set out in the school prospectus.

Data Protection Act 1998

Under the terms of the Data Protection Act 1998 we must tell you of the following: By signing this form you are giving your consent for Wakefield Council to use your data. The data that you provide is collected for the purposes of the admission process. In addition some of this information may also be used to improve other services within the Council and other related Government agencies. It may be (a) cross referenced against information held by the Council to validate your application, (b) used for any other purpose associated with the Council discharging its functions and may be shared with other public bodies or (c) used to detect fraudulent applications and detect incorrect offers of school places. This form may be shown to an appeal panel if it is necessary to hold an appeal. We may also use the information you provide for monitoring and statistical research purposes, although you will not be identifiable from this.

NOW PLEASE GIVE PART B OF THIS FORM TO YOUR CHILD'S CURRENT SCHOOL TO COMPLETE

ONLY WHEN THE SCHOOL ADMISSIONS TEAM HAVE RECEIVED BOTH PART A AND PART B WILL YOUR APPLICATION FORM BE PROCESSED

PART B

ID Number: _____

SCHOOL TRANSFER APPLICATION FORM

Your current school must complete this section.

If you have moved to the Wakefield District and are unable to contact the previous school please attach a copy of the last school report.

This section must be completed as fully as possible otherwise it is likely that the form will be returned to the school for more information.

(1) School Details:

Name of person completing this form and job title: _____

Name of school: _____

School Telephone Number: _____

Child's Name: _____ Date of Birth: _____

Child's UPN: _____

Date attended from: _____ To: _____

(2) Information about the request to Transfer

Is the reason for Transfer due to a house move? Yes If Yes, move to section (3) No If No, please complete this section.

What has triggered the transfer request?

Has the parent / carer engaged in all options to resolve any difficulties?

Would you consider a deferred application to be detrimental to the current attendance of the child?

Has a Managed Move been considered? Yes No

If yes please give details

PART B

(3) Special Educational Needs Status

Does the child: have an EHC Plan or a Statement? Yes No

If **No**, is the child identified as SEN support?
(If **Yes**, you must provide additional information on Page 7) Yes No

Does the child receive additional support identified on a One Page Profile?
(If **Yes**, you must provide a copy) Yes No

(4) Safeguarding and Support

Does / is the child: Have a CAF in place On a CP / CIN plan Experienced significant bereavement or loss

(5) Attendance:

What is the child's record of attendance for the last 12 months? **Please attach a copy of the child's attendance log**
Are there any attendance-related issues that need to be considered?

(6) Behaviour / Exclusions / School Based Internal Sanctions:

Would you consider that this case meets Fair Access based on behaviour? Yes No

Has the child ever had a fixed-term exclusion from your school? Yes No

Has the child been involved in any School Based Internal Sanctions? Yes No

Is the child at risk of permanent exclusion? Yes No

Has the child been permanently excluded? Yes No

If you have answered Yes to any of the above questions, you must provide details.

Does the child have any extra learning or behaviour support in school? Yes No

If **Yes**, please give further details:

(7) Academic Ability: Please provide both current and historical SAT scores or recent assessment/exam results

	English	Maths	Science
Foundation Stage			
KS1 Level			
KS2 Level			
Current Level			

Particular strengths / comments:

What additional support would the child require if they transferred?

PART B

Is the child receiving any support from any of the following, please provide details for **all** that apply:

Agency	Contact Name	Contact Number
Social Worker		
CAMHS		
Youth Offending Team		
Targeted Youth Support		
Educational Psychologist		
Pupil Referral Service		
Courts, Police or Judiciary Involvement		
Learning Support Service		
Communication & Interaction Service		
CFIT		
Reach Team		
Education Welfare Service		
Family Centre		
Other (please state)		

Does the child have any medical issues?

SEND Information – additional information:

Is there any other information you wish to tell us?

PART B

(8) Please attach any relevant documents about the child. Please tick the records attached so we can check that they have been received.

Description	✓
Attendance record	
Copy of statement	
PSP	
PEP	
IEP	
Exclusion record	
Others – please state	

Name: _____	Signature: _____
Date: _____	Position: _____
School stamp:	

Now please return both Part A and Part B to the Admissions Team at:

**School Admissions
County Hall
Bond Street
WAKEFIELD
WF1 2QL**

**Telephone: 01924 306052
Fax: 01924 305611
Email: admissions@wakefield.gov.uk**