

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: _____

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

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

PART A

Reason for Transfer:

We have moved / are moving house Date / proposed date of Move: _____

Old Address: _____

New Address: _____

Please note 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.

Please now move to section 4

Other reason – please state the reason and **complete section 3**

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: _____

PART A

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, providing reasons why you feel your child would be more successful at each named school.

- 1. School: _____
Reason: _____

- 2. School: _____
Reason: _____

- 3. School: _____
Reason: _____

- 4. School: _____
Reason: _____

- 5. School: _____
Reason: _____

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

Please give details of any siblings who are already attending or will be attending any of these schools

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

Current School:

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

School Name: _____
Address: _____
Town / Country: _____ Telephone Number: _____
Date child started: _____ Date child last attended: _____

Does your child attend school regularly? Yes No

If **NO** why? _____

Other Schools Attended:

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

School Name _____ From: _____ To: _____

Reason for leaving: _____

School Name: _____ From: _____ To: _____

Reason for leaving: _____

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 needs?

Yes

No

If **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 SEN or an EHCP?

Yes

No

Are there any other agencies involved with the child?

Yes

No

If Yes, please give further details: _____

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**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: You must answer all questions

1. Would you consider that this case meets Fair Access based on behaviour? Yes No
2. Has the child ever had a fixed-term exclusion from your school? Yes No
3. Has the child been involved in any School Based Internal Sanctions? Yes No
4. Is the child at risk of permanent exclusion? Yes No
5. Has the child been permanently excluded? Yes No
6. Does the child have any extra learning or behaviour support in school? Yes No
7. Alternate provision or other steps taken? Yes No
8. Support plan in place? Yes No
9. Alternatives have taken place and the impact of these measured? Yes No

If you have answered YES to any of the above questions you MUST provide further information below and detail what interventions the school have put in place. Please use an addition sheets if necessary:

PART B

(7) Academic Ability:

Please provide us with details of any SAT scores or recent assessment/exam results

	English	Maths	Science
KS2 Level			
KS3 Level			
KS4 Options			

Particular strengths / comments:

What additional support would the child require if they transferred?

(8) Additional Information

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

(9) 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**

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