

Please complete this form in **BLOCK CAPITALS** in black or blue ink

Section 1 – Child's details								
Legal fore	ename		Middle nam	е	L	egal surnar	ne	
Date of Birth	DD / MM ,	,	Male/F	emale	Year Group			
Child's current ad	ldress (we may	seek proo	f of address	s)	<u> </u>			
How long has the	child lived at tl	nis address	5?					
If you intend to m	ove house in th	ne near fut	ure, please	provide det	tails:			
New address:								
Anticipated movir	ng date:							
If the application is based on a house move, the application will only be considered from the new address if you include evidence of your new address such as a utility bill, exchange of contracts document or tenancy agreement with your application.								
Is the child new to the UK?								
Does the child speak English?								
Is the child from a	a Gypsy, Roma,	Traveller o	or Asylum S	eeker group	0?	Yes	No	
If Yes , please state:	Gypsy		Roma	Trav	aveller Asylum Seeker			
If the child is new to the UK, a member of the Local Authority's Equalities Team will visit you to go through appropriate verification and checks before your application will be processed.								
Does the child have an Education, Health and Care Plan (formerly a Statement of Special Educational Needs)?								
Is the child registered as cared for by a Local Authority (e.g. in foster care), or are they adopted or subject to a child arrangements order or special guardianship order?								
If Yes, please state which Care Authority:								
Is the child a member of a Service or Crown Servant family who are returning or moving to the address above to take up duties?								
Is the child eligibl	e for the Servic	e Premium	n (see below	/)?		Yes	No	



Children eligible for the Service Premium include:

- Children with a parent serving in the regular armed forces;
- Children with a parent who served in the regular armed forces in the last 3 years;
- Children with a parent who died while serving in the armed forces and the child is in receipt of a pension under the Armed Forces Compensation Scheme (AFCS) and the War Pension Scheme (WPS)



Section 2 - Paren	nt/Carer details				
Forename		Surname			
Title	Mr / Mrs / Miss / Ms / Other (please specify);				
Relationship to chi	ld	,			
Do you have parer	ntal responsibility for this c	:hild?	Yes No		
Before co			arental responsibility for the child. scussed with all those who have		
is the child subject	t to a private fostering arro	angement?	Yes No		
Home	telephone number	Mobi	ile telephone number		
Email address					
Home language		7			
Do you speak Engl	ish?		Yes No Some		
agree on expected	arents or carers have share the transfer request. If the	ere is a dispute between school until there is a	the child, they must discuss and en parents or carers; children are agreement in writing as to which ourt.		
If you are a should be su on your behind be submitte advise you of	applying for a place at a Roubmitted to the local authorials. Soplying for a place at a Roched to the admission authority of its outcome directly.	ochdale secondary schoity who will co-ordinate hdale primary school of the school who	nat you submit your form to the ool or academy, your application e your application with the school racademy, your application must will process your application and		
If your form is not	submitted to the correct pla	ace, your application m	nay be delayed.		

school's specialism?



Yes

Νo

Section 3 - Preference school (continued)										
Please state the name of the school at which you would like the child to attend below. Remember to check the admission policy for the school and whether or not a supplementary form is required to be submitted to support your application.										
Preferred school nam	e									
Section 4 - Reasons fo	ryou	r preference								
In order to support your ap	plicat	tion, please tick the a	ppropriate re	ason	s below.					
Does the child have a sapplying for a sibling to				ool o	r are you	U	Yes	No]
If Yes, please provide the	e deta	ails of the sibling:								
Sibling name	Sibl	ling date of birth	Sibling y	ear (group		Sibling	schoo	Ы	
Are you applying for this	scho	ol for religious reas	ons?				Yes	No]
If Yes, please select the relevant denomination below:										
Anglican		Greek Orthodox	×		Mormon					
Baptist		Hindu			Roman Catholic					
Buddhist		Islam			Salvation Army					
Christian		Jehovah's Witne	ess		Sikh					
Church of England Jev		Jewish			Unitaria	Unitarian				
Congregationalist Methodist United		United F	Reform Church							
Are you applying for this school for medical or psychological reasons?					Yes	No]		
Are you applying for this school for social reasons?					Yes	No]		
Are you applying for this school because of the distance from the child's home address?]				
Are you applying for this school because it is easy to make travel Yes No Carrangements for the child?]				
Are you applying for this school because the child has an aptitude for the										



Section 4 - Reasons for your prefer	ence (continued)	
Please state any other reasons for the pre	ference to support t	the application for a t	ransfer of schools below.
You may continue on a separate sheet if n	ecessary.		11 1 10 1 10 10 10
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<u> </u>			
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Section 5 - Child's school history			
Current or most recent school name			
Local Authority			
Is the child still attending this school?			Yes No
Date last attended			
Date last afterided			
Wherever possible, the child mu	st continue to atte	nd at their present :	school until the transfer
Λ Ι	st continue to atte	nd at their present :	school until the transfer
Wherever possible, the child mu			school until the transfer
Wherever possible, the child mu process has been completed.			school until the transfer
Wherever possible, the child mu process has been completed. Previous schools – please provide deta			school until the transfer
Wherever possible, the child mu process has been completed. Previous schools – please provide deta			school until the transfer

Please detail any other previous schools on a separate sheet and attach to this application.



Section 6 - Other agency involvement

Are there any other Agencies or Services (e.g. Education Welfare Service, Social Services, #Thrive, Education Psychology, Sunrise) involved with the child? If so, please provide details below. If there are no other agencies involved, you can leave this section blank.

Agency name	Contact person	Contact telephone number

Section 7 - Parent or Carer declaration

I declare that all the information which I have provided on this application is true. I understand that any school place offered on the basis of intentionally misleading or fraudulent information may be withdrawn.

I wish to apply for an In-Year transfer in respect of the child detailed on this application form.

Signed:		Date:		
	e provided any additional information with this	s applicati	ion, please state	

Data Protection Act

The Council maintains a Register Entry in respect of Education which includes the administration relating to pupils. Personal information provided on this form is treated in confidence and complies with the requirements of the Act. This information may be shared with schools and other Local Authorities.

Verification of Information – the Council may verify the information you have provided on this form which could involve contacting other departments of the Council who maintain appropriate records. In instances where the information provided is different from that held by them, they may use the information on this form.



Section 8 - Current School/Academy Information



Once you have completed Sections 1-8 of the application, you should take this form to the child's current school/academy and request them to complete Sections 8 and 9 in full before submitting

your application. You may leave this section blank if the child is new to the UK.							
Name of School/Ac	ademy						
		e history for the previ provide the full attend		e full terms. If the child			
Term	Dates	Attendance (%)	Authorised absence (%)	Unauthorised absence (%)			
Is the child still atte	ending your school?			Yes No			
If No , please state o	If No , please state date the child last attended:						
Does the child have an Education, Health and Care Plan? Yes No							
Is the child Looked After or formerly Looked After by a Local Authority? Yes No							
Does the child have a Common Assessment Framework (CAF) in place? Yes No							
Has the transfer request been discussed with the Parent/Carer? Yes No							
If Yes , who has disc	cussed the request v	with the Parent/Care	er?				
Head teacher	Deputy or assistant head	Head of year	Class teacher	Other			
What, if any, attem request?	pts have been made	e to try to resolve ar	ny issues detailed	on the transfer			
Do you support the request to transfer schools?							



Section 8 – Current School/Academy Inf	ormat	ion (continued)				
Does the child have a history of behavioural	Ities?	Yes	No			
If Yes , please provide extra information, including details of any exclusions and disciplinary procedures? Continue on a separate sheet if necessary.						
Has the child received any exclusions in the	previo	us 12 months?	Yes	No	Ш	
If Yes , please state:						
Number of internal exclusions	Number of internal exclusions Number of external exclusions					
Does the child have a current pastoral support plan in place?				No		
Is the child subject to a child protection plan?			Yes	No		
Carlina Carlina Assault						
Section 9 - Fair Access Protocol This section is required to help ascertain whapplication.	nether	or not the Fair Access Pro	tocol will a	pply t	o this	
Has the child ever been permanently exclud	Yes	No				
Is the child currently on (or has recently completed) a Youth Offending Order?				No		
Has the child returned from custody or secure accommodation?			Yes	No		
Is the child on the CP register or classed as a child in need?				No		
Is the child a carer?			Yes	No		
Does the child have special educational needs but is not subject to a Statement or EHCP?			Yes	No		
Does the child have a disability or medical condition?				No		
Is the child from a gypsy, Roma, traveller or	asylun	n seeker group?	Yes	No		
Is the child a child of UK Service Personnel or other Crown Servant?			Yes	No		



Details of person completing	Section 8 and 9
Name:	
Position:	
Contact Number:	
Email Address:	
School/Academy Stamp:	
Date Completed:	

Submitting your application

Applications for Rochdale Secondary Schools:

The Local Authority co-ordinates **all** applications for Rochdale Borough Secondary schools. As such, your application must be submitted to the Local Authority at the following address:

School Admissions Team

Floor 4, Number One Riverside Smith Street Rochdale OL16 1XU

Applications for Rochdale Primary Schools:

Applications for places at Rochdale Borough Primary Schools are submitted to the Admission Authority for the school directly. This is the Local Authority at the above address for Community and Voluntary Controlled schools and the school directly for Voluntary Aided schools, Foundation schools and Academies.

Applications for schools in other areas:

You are advised to check with the school directly to establish where your form should be submitted as the process can vary depending on the admission authority.