

# In-year Transfer Form

***This form should be completed by the person with Parental Responsibility (PR) for the child***

## **Section 1 – Special Educational Needs**

Does your child have an Education, Health and Care Plan?  Yes  No

If yes, please contact the SENSTART team on 01902 555961. ***Do not complete this form.***

## **Section 2 - Child's details**

Surname

First name

Middle name(s)

Date of Birth

Male  Female

## **Home Address**

*This must be the address where the child normally lives. If this is different from the Parent/Carer's address, please explain why on a separate sheet of paper. Please notify us immediately if you have a change of address after this form is submitted.*

*If you have recently changed address you must supply proof with this application. Proof of address should be a current council tax bill, a recent utility bill (gas, electric or water dated within the last six months), a signed and dated tenancy agreement or evidence of entitlement to a government benefit (including housing benefit, council tax benefit, tax credits, state pension).*

Address line 1

Address line 2

City

Postcode

## **Contact Details**

Email address

Home telephone

Mobile

**For Office Use Only**

Passport(s) seen  Yes  No Enter passport number \_\_\_\_\_

POA requested if not supplied  Yes  No Officer initials \_\_\_\_\_

**Section 3 – Current / previous school**

Name of current school and Local Authority area situated

Is your child still attending this school regularly?  Yes  No

If No, please indicate the last date attended:

Name of school(s) attended within the last 12 months and Local Authority area(s) situated

  

Please state your reasons for requesting a new school

**Section 4 – Do any of the following apply to this child?**

Is the child from a UK Armed Forces or crown servant family?  Yes  No

Is the child a refugee or asylum seeker?  Yes  No

Are you and your child citizens of the UK or European Union?  Yes  No

Does the child speak English?  Not at all  Some  Perfectly

If no, what is the child's first language and Nationality?

Is the child in the care of, or previously been in the care of, a Local Authority?  Yes  No

If yes, please state which Local Authority  
**Evidence must be provided to support this claim**

Is the child a Baptised Catholic?  Yes  No

If not, what are the child's religious beliefs?

**Section 5 - Parent/Carer's details**

Name and title (i.e. Mr, Mrs etc.) of Parent/Carer

Relationship to child

Do you have parental responsibility?\*  Yes  No

\* This means that you have the legal right to make decisions about the child, e.g. where the child will go to school

Is the parent's address the same as the child's home address?  Yes  No

**Section 6 - School Preferences**

**Please enter your preferred schools.**

Provide details of any sibling currently attending the preferred school, confirm if you are a current member of staff at the preferred school, and confirm if you are claiming social or medical reasons for attending the school.

Admission authorities for each school must set out the criteria against which places will be allocated at the school when there are more applications received than places available, and the order in which the criteria will be applied. A copy of the admissions policy is available on each respective school's website.

<b>1<sup>st</sup> Preferred School</b>	
Sibling Name and Date of Birth (if currently attending this school)	
Are you a current member of staff employed at the preferred school on a permanent contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, have you: Been employed for two or more years? <input type="checkbox"/> Yes <input type="checkbox"/> No Been recruited to fill a vacant post for which there is a demonstrable skills shortage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you claiming social or medical reasons for attending this school?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate here what documentary evidence you are providing with your application. <b>The information provided should clearly state the effects of the condition/illness and why the preferred school is the only school that can meet the child's needs.</b>

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<b>2<sup>nd</sup> Preferred School</b>	
Sibling Name and Date of Birth (if currently attending this school)	
Are you a current member of staff employed at the preferred school on a permanent contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, have you: Been employed for two or more years? <input type="checkbox"/> Yes <input type="checkbox"/> No Been recruited to fill a vacant post for which there is a demonstrable skills shortage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you claiming social or medical reasons for attending this school?	<input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, indicate here what documentary evidence you are providing with your application. <b>The information provided should clearly state the effects of the condition/illness and why the preferred school is the only school that can meet the child's needs.</b>

<b>3<sup>rd</sup> Preferred School</b>	
Sibling Name and Date of Birth (if currently attending this school)	
Are you a current member of staff employed at the preferred school on a permanent contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, have you: Been employed for two or more years? <input type="checkbox"/> Yes <input type="checkbox"/> No Been recruited to fill a vacant post for which there is a demonstrable skills shortage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you claiming social or medical reasons for attending this school?	<input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, indicate here what documentary evidence you are providing with your application.

	<b>The information provided should clearly state the effects of the condition/illness and why the preferred school is the only school that can meet the child's needs.</b>
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### **Section 7 - Declaration and Signature of Parent's/Carers**

*This form should only be completed by the person who has parental responsibility. This means that you have the legal right to make decisions about the child e.g. where the child will go to school.*

Signature

Date

Print Name

Wolverhampton City Council (the 'council') respects your privacy rights and is committed to ensuring that it protects your details, the information about your dealings with the council and other information about you available to the council ('your information').

In accordance with the UK Data Protection Law, the council will use your information, for the purpose of processing your application for a school place, to (a) deal with your requests and administer its departmental functions; (b) meet its statutory obligations; and (c) prevent and detect fraud. The council may share your information (but only the minimum amount of information necessary to do the above and only where it is lawful to do so) with other departments within the council (including the elected Members), central Government departments, law enforcement agencies, statutory and judicial bodies, community service providers and contractors that process data on its behalf. The council may also use and disclose information, that does not identify individuals, for research and strategic development purposes.

For further information about your information rights please see the council's privacy notice [which can be viewed at http://wolverhampton.gov.uk/privacy-policy](http://wolverhampton.gov.uk/privacy-policy).

**Parent/Carer must ensure the following section is completed where applicable.**

If the child is currently attending a school this section **must** be completed.

If the child has recently attended a school it would be helpful if this section is completed, where possible; however if you are unable to obtain this information the application will still be considered.

**Section 8 - To be completed by the Headteacher at the child's current or most recent school**

Parents seen by:

Headteacher's Signature\*

*\*Please do not sign if the child has an Education Health and Care Plan*

Has the child received any suspensions from school?  Yes  No

What is the child's current attendance percentage?  %

Is the Education Welfare Service involved with the child?  Yes  No

Please provide comments relevant to this application for school transfer:

**Please return this form to:** School Admissions and Appeals Team,  
City of Wolverhampton Council, Civic Centre, St Peters Square, WV1 1RL

## Completion of checklist and signature of Parent/Carer

Please complete the check box to ensure you have sent all necessary documents.  
Do not send originals, only copies need to be provided.

Evidence of	Documents required	Included, if applicable (x)
Proof of address	Provide any of the following: <ul style="list-style-type: none"> <li>- Current Council Tax bill</li> <li>- A recent utility bill (gas, electric or water) dated within the last six months</li> <li>- A signed and dated tenancy agreement</li> <li>- Evidence of entitlement to a government benefit ( including housing benefit, council tax benefit, tax credits, state pension)</li> </ul>	
Children and Young People in Care / Previously in Care	Provide the following only if applicable: <ul style="list-style-type: none"> <li>- Evidence of child in care from the placement authority</li> <li>- Adoption certificate</li> <li>- Copy of court order e.g. Special Guardianship Order (SGO)</li> </ul>	
Medical / Social Reasons	Provide the following only if applicable:  Evidence (e.g. a letter from a registered health professional such as a doctor or social worker) must be submitted to support this claim. <b>The information must clearly state the effects of the condition/illness and why the preferred school is the only school that can meet the child's needs.</b>	
Section 8	Current / previous school completed section 8 of the form	
Identification	Child's passport (if applicable)	

Signature of Parent/Carer:

Date: