****

**In-Year Admission Form – Secondary**

It is important that you provide as much information as possible to assist in the transfer process. Please note that your child is not guaranteed a place at any school (this includes your nearest schools).

This form **MUST** be completed by the person who has parental responsibility for the child. If there is a residential order or special guardianship in place, evidence of this **MUST** be provided with the form.

Sections **A** and **B** must be **FULLY** completed by the parent/carer. Once complete and handed in, **section C will be completed by your child’s current school.**

Once your child’s current school has completed Section C of the form, it will be forwarded to the Strategic Data Manager, c/o New College Durham Academies Trust, Head Office, High Street, Stanley, Co Durham. DH9 0TW by post, or by email to admissions@ncdat.org.uk

**Transfer forms that are not fully completed will be returned to the parent/carer or current school.**

|  |
| --- |
| **Section A – to be completed by the parent/carer (or the person who holds legal parental responsibility)** |
| **Name of school/Academy (you would like your child to attend)**  |  |
|  **Name of child** |  |
| **Date of birth** |  |
|  **Child current Year Group (7,8,9,10,11)** |  |
| **Current Address** |  |
| **Postcode** |  |
| **Current/previous school** |  |
| **Local Authority** |  |
| **Reason for transfer** |  |
| **Date place is required**  |  |
| **Previous secondary schools attended:** | **1** |  |
| **2** |  |
| **3** |  |
| **Q1. Does the child have an Education, Health and Care Plan (EHCP) or a statement of special educational needs?** | **Yes** |  | **No** |  |
| **If the answer to Q1 is ‘yes’, please give further details (date the plan or statement was issued)** |  |
| **Q2. Do you have parental responsibility for the child?** | **Yes** |  | **No** |  |
| **If the child is ‘looked after’ (LAC) please confirm the local authority** |  |
| **If the child is ‘looked after’, please confirm the name of the social worker (where applicable)** |  |
| **Q3. Is the child previously ‘looked after’ but now adopted?** | **Yes** |  | **No** |  |
| **Q4. Is the child subject to a residential order or special guardianship – if yes, please provide a copy with this form.** | **Yes**  |  | **No** |  |
| **Q5. Does your child live with someone other than yourself or another family member?** | **Yes** |  | **No** |  |
| **If the answer to Q5 is ‘yes’, please state the name of the person and their relationship to the child:** |  |
| **If the answer to Q5 is ‘yes’, how long has this arrangement been in place?** |  |
| **Q6. Has your child been permanently excluded from any school?** | **Yes** |  | **No** |  |
| **If the answer to Q6 is ‘yes’, which school:** |  |
| **Reason for permanent exclusion:** |  |
| **Please include any additional details as to why your child wishes to move school** |
| **Please confirm the names and date of birth of any siblings attending your preferred school?** |
| **Name** | **Date of Birth** | **Year group** |
|  |  |  |
|  |  |  |
| **Parent/Carer Details (person completing this form)** |
| **Title** |  | **Forename and Surname** |  |
| **Date of Birth** |  | **Email** |  |
| **Telephone Number** | **Home: Mobile:** |
| **Other Parent/Carer Details** |
| **Title** |  | **Forename and Surname** |  |
| **Date of Birth** |  | **Email** |  |
| **Telephone Number** | **Home: Mobile:** |
| **By signing below, you confirm:*** You have parental responsibility for the child (or have care and control of the child), and in seeking a transfer of the child’s Academy/school, you have no knowledge of any opposition to this transfer from any other person who has parental responsibility for the child
* You will inform us either by email to admissions@ncdat.org.uk or in writing of any change of address details after the submission of your child’s application.
* You understand that your child’s place can be withdrawn even if they have started at the Academy/school if the place was fraudulently obtained.
* You hereby agree and consent to us checking the details you have provided on this application against Council Tax, Electoral Registration and other Council records to confirm that the child is a resident at the address outlined in Section A.
* You agree and consent to us sharing your data with other agencies, where it is necessary to do so and where the law allows, in accordance with the Data Protection Legislation
* You understand that if you have provided information that is incorrect or incomplete, you may be investigated and action may be taken against you (including court action)
 |
| **Signed** |  |
| **Print Name** |  |
| **Relationship to child** |  |
| **Date** |  |
| **Section B – to be completed if your child has recently arrived from overseas***Please note that if your child’s current or previous school is outside the UK, we will need to see proof of your child’s boarding pass, travel ticket, endorsed passport or entry visa.**We will also need to see proof of your child’s date of birth, such as their passport, identity card or birth certificate.* |
| **Date of arrival in area** |  |
| **Q1. Is your child a refugee or asylum seeker?** | **Yes** |  | **No** |  |
| **Q2. Do you as parent/carer speak English fluently?** | **Yes** |  | **No** |  |
| **If you are not fluent in English, what is your preferred language?** |  |
| **Q3. Does your child speak English fluently?** | **Yes** |  | **No** |  |
| **If your answer to Q3 is ‘no’, what is your child’s first language or additional language spoken?** |  |
| **Section C – to be completed by current school*****BEFORE SUBMITTING YOUR APPLICATION FORM, YOU MUST ASK YOUR CURRENT SCHOOL TO COMPLETE SECTION C (there may be a delay in processing your transfer if the form is not fully completed)*** |
| **Please tick below where appropriate and for ticked sections, please provide relevant reports.** |
| **EHC plan** | **EAL** | **LAC** | **EWS involvement** | **Social worker** | **Behaviour support** | **Educational psychologist** |
|  |  |  |  |  |  |  |
| **SEND Status and stage of monitoring** |  |
| **Attendance *–* please provided attendance percentage for:**  |
| **Last school year** |  **%** | **Current school year** |  **%** |
| **Sibling details** *(currently attending your school)* |
| **Name** | **Year group** | **Comments** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Details of qualifications being taken, or key stage level achieved:** |
| **Courses being taken** | **Qualification type (e.g. GCSE, BTEC, KS level** | **Exam board (e.g. AQA/Edexcel) (Key Stage 4 and 5 only)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Details of any internal exclusions during the past year:** |
| **Date** | **Reason** | **Duration (days)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Details of any fixed term exclusions (suspensions) during the past year:** |
| **Date** | **Reason** | **Duration (days)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Is this student at risk of permanent exclusion?**  | **Yes** |  | **No** |  |
| **Are there any issues that may cause concern in our Academies?**  | **Yes** |  | **No** |  |
| **If the above answer is ‘yes’, please give details** |  |
| **Please detail all support/strategies that have been offered to the child, cross all that apply:** |
| Review/Planning Meetings |   | Warnings |   | Mentoring |   |
| Individual Review System |   | Detentions |   | Formal Counselling |   |
| Modified Timetable |   | Alternative Curriculum at Key Stage 4 |   | Senior Staff Involvement |   |
| Parental/Contact/Involvement |   | Disapplication of National Curriculum |   | Other Internal Measures |   |
| Change of Form/Teaching Group |   | Appearance at Governing Body Meeting |   | Think Family |   |
| Withdrawal From Lessons |   | On Report |   | ONE Point |   |
| **Please include any information or comments you believe that the receiving school need to be aware of including relationships with staff and peers, general comments about behaviour and attitude, at risk of CSE and views on the transfer:** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| **Signed** |  |
| **Print name** |  |
| **Designation** |  |
| **Name of school** |  |
| **Date** |  |

**To be completed by the Headteacher (or the replacement if the Headteacher is absent due to sickness) confirming that the information provided is full and accurate.**

I confirm that I have read section C completed by the above names member of staff and agree that all questions have been answered as fully as possible and that all information is accurate.

|  |  |
| --- | --- |
| **Signed** |  |
| **Print name** |  |
| **Date** |  |