

**APPLICATION FOR A SCHOOL PLACE DURING  
THE ACADEMIC YEAR 2018/19**

**PLEASE READ THESE NOTES BEFORE COMPLETING THIS FORM**

This form should be used by parents/carers requesting transfers between schools during the school year.  
You must complete a separate application for each school and each child.

All relevant sections of the form **must** be completed as fully as possible or the form will be returned to you.

Applications will be processed in strict date order and a decision will be notified in **writing** to the applicant.

This form can be made available in Braille or large type upon request.

**Part 1 – Reason for your application**

Please tick the relevant box

1. Moving into Somerset
2. Moving within Somerset
3. Moving to work at the Hinkley Point site
4. Not moving but wanting to change school
5. Moving out of Somerset

**Proof of address such as exchange of contract letter from a solicitor or a 6 month tenancy agreement signed by yourself and landlord may be required, we therefore encourage you to send this with your application.**

**Part 2 - Pupil Details**

<b>Child's Legal Surname:</b> _____		<b>Child's Forename(s):</b> _____	
<b>Date of Birth:</b> _____		<b>Male / Female (please circle)</b>	
<b>Current Address:</b> _____ _____ _____		<b>(If applicable)Address moving to:</b> _____ _____ _____	
<b>Postcode:</b>	<b>Date since</b>	<b>Postcode:</b>	<b>Date if moving:</b>
<b>Current/Previous School:</b>			<b>If Previous school, last date on roll:</b>
<b>Address:</b>			

### **Part 3 - Preferred School:**

It will not always be possible to provide a place at your preferred school. It is therefore recommended that you complete applications for several schools.

When deciding your preference, it may be useful to visit the schools you are considering.

When a place cannot be offered at your preferred school, you will be offered the legal right to appeal against that decision.

School applying  
for :

**What is your preferred  
start date?:**

### **Part 4 – Supporting Information**

Your answers to the following questions are very important and the Admissions Authority will use this information in conjunction with the appropriate published over-subscription criteria to help determine whether your child has a priority for a place at one of your preferred schools.

1.

Is this application for a child currently in the care of a Local Authority? **YES / NO (please circle)**

If **Yes**, which Local Authority? :

Name of Social Worker:

Contact Number:

2.

Does your child have a Statement of Special Educational Needs (SEN)? **YES / NO (please circle)**

If **YES** please speak to the SEN Casework Team by contacting 0300 123 2224. If your child does have a Statement of Special Educational Needs you do not need to complete this form.

If **NO**, do you believe there are important medical or special needs reasons why a place should be allocated at one of your preferred schools (This does not guarantee a place, but the Admissions Authority may need to consider this information in connection with published over-subscription criteria)

**YES / NO (please circle)**

Does your child have any specific disability of which a school should be aware? If Yes, please supply any relevant information.

**YES / NO (please circle)**

3.

Does your child hold EEA (European Economic Area) citizenship?

**YES / NO (please circle)**

If you have indicated '**No**', please attach a copy of your child's immigration documents.

4.

Are you involved with the life and worship of a church?

**YES / NO** (please circle)

If **YES** please provide details of your Priest/Minister/Leader and explain the relationship on the appropriate 'Faith' Supplementary Information Form.

Name:

Address:

Is your child baptised/christened?

**YES / NO** (please circle)

If **YES** in which denomination?

If you are applying for a place at a Catholic Voluntary Aided School, you will need to supply a copy of the Baptism / christening certificate.

Please tick if included

5. Will there be any siblings on roll at your preferred schools at the time the school place is required? The sibling(s) must be resident at the same address.

If **YES** please provide details of each sibling(s):

Child's Legal Surname:	Child's Forename(s):
Date of Birth:	Male / Female (please circle)
School child attends:	Child's current Year
Child's Legal Surname:	Child's Forename(s):
Date of Birth:	Male / Female (please circle)
School child attends:	Child's current Year
Child's Legal Surname:	Child's Forename(s):
Date of Birth:	Male / Female (please circle)
School child attends:	Child's current Year

6. Fair Access Criteria – please tick if any of the following applies to your child. (Please note that ticking one of the boxes below does not guarantee a place at your preferred school. It will enable the Fair Access Protocol to be invoked should you be unable to secure a school place under the normal in year admission process)

a) Children from the criminal justice system or Pupil Referral Unit or alternative provision who need to be reintegrated into mainstream education	
b) Children who have been out of education for two months or more	
c) Children of Gypsies, Roma, Travellers, refugees and asylum seekers	
d) Children who are homeless	
e) Children / family working with Children's Social Care or Health professional	
f) Children who are carers	
g) Children with special educational need, disabilities or medical conditions (but without statement)	
h) Children known to the police or a number of other agencies	
i) Children who have to move school because of domestic violence (whether staying in a refuge of	



I accept that the child's home address must be the place where the child permanently resides for the majority of the time. This would normally be at the same address as the person who has Parental Responsibility for the child and is their main carer. Where the child spends equal amounts of time with both carers, the Admissions Authority will consider the place of residence of the parent/carer who receives Child Benefit to be the child's home. Evidence of parental responsibility will be required should there be

#### **DATA PROTECTION ACT 1998**

**Your personal data will be held and used by Somerset County Council (SCC), in accordance with the Data Protection Act 1988.**

**The information that you give on this form will be used by the Council for the purpose of processing your application for a school place for your child. The information will be shared with early years settings, health authorities, schools, academies and free schools and may also be shared with other SCC service providers, School Appeal Panels and EDF Energy. If you are also applying for a school outside Somerset it may be shared with other Local Authorities and schools and academies in their area.**

**SCC will not disclose this information to any unauthorised person or body, however, this information may be used by SCC to:**

- help improve services
- deal with complaints and comments
- prevent and detect fraud or crime

**Members of the public have a legal right to request see personal data held by SCC. A request for this is called a Data Subject Access Request; ring Somerset Direct on 0845 345 9166 for more details**

doubt and the Admissions Authority may undertake thorough residency checks and reserves the right to request independent confirmation of the child's address.

**Signature of Parent/Carer/ Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### **Part 7 – Submitting your application form**

When you are satisfied that you have provided all the relevant information on your application form and any necessary Supplementary Information Form(s) including proof of address, please ensure that you have signed the declaration in Part 6 and then submit your completed application to your preferred school. Alternatively you may send your completed application form to the School Admissions and Entitlements Team, County Hall, Taunton, Somerset TA1 4DY who will then pass your application form to the relevant school.

## Sections 8 and 9

### **IMPORTANT INFORMATION**

The information requested in parts 8 and 9 **will not** be used to make the decision whether or not to offer your child a school place. This information is used solely for the purpose of identifying whether your child meets the criteria for consideration under Fair Access and to assist the new school with planning for your child's admission. You will be neither advantaged nor disadvantaged by completing these sections.

Moving school for whatever reason is a very important decision to make.

The Local Authority would strongly advise you to:

1. Discuss the move with your child's current school before taking the decision to transfer your child to another school.
2. Visit your all preferred schools before making an application

Part 8 to be completed by parent/carer

Part 9 to be completed by current or previous school

**There is no statutory requirement to complete sections 8 and 9 however we would encourage you considering sharing information about your child.**

By signing I understand that any information provided in sections 8 and 9 will be shared with the schools for which I have made a preference.

Please tick the box if you would like the Admission Authority to obtain the information contained in part 9 from your child's current or previous school on your behalf

Print name:

Signature of parent / Guardian:

Please send the completed sections 8 and 9 with your application form to your preferred school.

***Not to be used to make a decision as to whether or not a place is offered. This information is to be used for the purposes of assisting the new school with planning for your child's admission.***

**Part 8 – Additional Information**

**Reason for leaving**

Permanently excluded

Fixed term excluded

Other  (Please provide details)

Why do you want your child to change school? (Please give as much further information as you can, using a separate sheet if required.)

I have discussed my reasons for wanting to change school with my child's current school.

Please provide the name of the person(s) you have spoken to at your child's current school –

Date of any meetings -

Have any of the following services been involved with your child in the last 3 years? **YES / NO** (please circle)

(Please tick all relevant boxes below)

- |                                      |                          |  |                          |
|--------------------------------------|--------------------------|--|--------------------------|
| Parent Family Support Advisor (PFSA) | <input type="checkbox"/> | Access Liaison Officer                     | <input type="checkbox"/> |
| Medical tuition team                 | <input type="checkbox"/> | Educational Psychologist                   | <input type="checkbox"/> |
| Children's Social Care               | <input type="checkbox"/> | Child and Adolescent Mental Health Service | <input type="checkbox"/> |
| Behaviour Support Worker             | <input type="checkbox"/> | Physical Impairment Team                   | <input type="checkbox"/> |
| Elective Home Education Team         | <input type="checkbox"/> | Traveller Education Service                | <input type="checkbox"/> |
| Safeguarding Children Team           | <input type="checkbox"/> | Speech, Language and Communication Team,   | <input type="checkbox"/> |
| Autism Team                          | <input type="checkbox"/> | Children's Autism Outreach Team            | <input type="checkbox"/> |

Other – (Please specify) \_\_\_\_\_

Is your child attending school regularly? Yes  No

If no is an Education Attendance Officer involved? Yes  No

If your child is not attending regularly, please state why.

Part 9 – Information from your child’s current or previous school

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**Part 9 – Information from your child’s current or previous school**

**Oakfield Academy in year Admissions additional Information** (Please ask the head teacher/Year head of your child’s current school to fill in the information requested) – This information must be supplied before a pupil is admitted to Oakfield Academy.

<b>Pupils Name</b>	<b>Date of Birth</b>	<b>Male/Female</b>
<b>Address</b>	<b>Telephone</b>	<b>E mail</b>
	<b>Mobile</b>	
	<b>Other contact number</b>	

<b>Attendance:</b>		<b>Period covered:</b>			
<b>Special Needs</b>					
<b>School Action</b>	<b>Yes</b>	<b>No</b>	<b>School Action +</b>	<b>Yes</b>	<b>No</b>
<b>IEP</b>	<b>Yes</b>	<b>No</b>	<b>Statement</b>	<b>Yes</b>	<b>No</b>
<b>Agencies involved</b>					
<b>DATA</b>	<b>Reading</b>	<b>Writing</b>	<b>English</b>	<b>Maths</b>	<b>Science</b>
KS1 level or Y2 Summer TA					
Year 4 Summer TA (or QCA if not)					
Year 5 Summer TA (or QCA if not)					
Year 6 Summer SATs/summer TA					
Fischer Family Trust KS2 Targets					
Year 7 Summer TA					
Fischer Family Trust KS3 targets					
<b>Students strengths/interests/ Achievements</b>					
<b>Is the student – please indicate based on their last progress report</b>					
<b>Academically confident</b>	<b>YES</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
		<b>5</b>	<b>NO</b>		
<b>Well motivated</b>	<b>YES</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
		<b>5</b>	<b>NO</b>		
<b>Stable peer relationships</b>	<b>YES</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
		<b>5</b>	<b>NO</b>		
<b>Good Behaviour</b>	<b>YES</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
		<b>5</b>	<b>NO</b>		
<b>Behaviour</b>					
<b>IBP</b>	<b>Yes</b>	<b>No</b>	<b>PSP</b>	<b>Yes</b>	<b>No</b>
<b>Medical History/concerns</b>					
<b>Any other relevant information that you would like the receiving school to know;</b>					

Name (print).....

Signature.....

Position in school.....

**Please verify this information with your school stamp**