MID-TERM (IN YEAR) TRANSFER



Application for a Shropshire school

Section 1: Pupil Details:					
<u> </u>					
Forename/given name:	Middle name(s):		Surname/family name:		
				_	
Date of birth	Gender (please tick):		If TWIN or multiple please tick box and complete an application form for each child		
5 M 11 V			Torm for each child		
Day: Month: Year:	Boy C	Sirl			
Home Address:		Future home ad	l dress: (where move is due to take	place)	
Tiome / tagleses.		r ataro momo aa	arees. (where move is due to take	piaco	
Postcode:					
r osicode.			Postcode		
Section 2: Preferred Schools					
Parents are responsible for submitting the	eir application to	each of their	preferred schools.		
1st:			(Name of s	school)	
2nd:			,	,	
			•	,	
3rd:			(Name of s	school)	
Section 3: School currently attending	na or whore ou	rrantly on ral	I (and address if not in Shrop	obiro)	
Section 5. School currently attenuit	ng or where cu	rrently on ron	i (and address ii not iii Siirop	Silite)	
	(School)		(Date last attended)		
			(Address)		
Name of any brother(s) or sister(s) already att	ending preferred	schools(s) abov	/e:		
,					
Name:	. School:		Date of Birth:		
Name	Cabaali		Date of Birth:		
Name.	. 3011001		Date of Birth		
Section 5: Reasons for transfer					
Trought of transfer					
Section 6:Statement of Special Edu	cational Need	ls or Educati	ional Health Care Plan:		
Does your child have a statutory Statement of Spec	cial Educational Ne	eds or EHCP?	Please tick box if	YES	
Which local authority issued the statement?					
Which local authority issued the statement?					
(Children who have a Statement of Special Educat	ional Needs will ha	ve a placement ar	ranged through Inclusion Services)		
Section 7: Looked After Children					
Please tick the box if the child for whom you a		school place is '		or	
if they were previously 'looked after' and then	adopted.		Currently looked after		
Looked after by which local authority?			Previously looked after		

Section 8: Applicant's details									
Title (Mr/Mrs/Miss etc): Mrs	Forename/given name:		ı name:	Surname/family name:					
Address: .									
Telephone no. (home): .	Telephone no (work):		vork):	Telephone no (mobile): 0.					
Email address: .	Relationship to pupil:		oupil:	Do you have parental responsibility for this child? (Please tick):	У				
				Yes No L					
Section 8a: Additional information			_						
Some applications may need to be considered under the Fair Access Protocol. To help determine whether this is applicable, please tick the box if the following apply and provide details where appropriate:									
Is the pupil a child of UK service personnel?			Is the child elig	gible for free school meals?					
Is the child a member of the Gypsy/ Roma/ Traveller community?			Is your child ch	nild changing schools due to domestic					
re you a refugee or asylum seeker?			ls your child a	a carer?					
Has the pupil been permanently excluded? (please give details below)				peen accessed alternative as tuition services? (Please give					
				gencies working with you and /or ease give details below)					
Section 9: Current Headteacher's Declaration (for Shropshire Headteachers only): I am aware of this applicant's request to transfer their child to another school									
Signed			Printed Name						
Section 10: Admission to own Adm	nission Au	tho	ritv Schools:						
If your preferred school is an Admission Authority with religious oversubscription criteria you may be required to give additional information (e.g. baptismal certificate) to help school governors consider your application Section 11: Applicant's Declaration									
All information given on this form must be genuine. Random checks may be made and applicants may be asked to produce verification of their address details. The address given must be the current genuine residence of the parent/carer who has parental responsibility for the child, and this is expected to be the address where the child is resident for the majority of the time. The address of a grandparent/other close relative or childminder is not acceptable.									
I declare that the information given in this if the information given is found to be frauther the child has already started at the school	dulent or mis								
Signed:. (Parent/Carer)	Date:								
Once completed this form m									
If you require any further help in securing a school place, please contact the Admissions Team on telephone number 0345 678 9008 or email: school-admissions@shropshire.gov.uk The Parents' Guide to Education in Shropshire" booklet is available on www.shropshire.gov.uk/schooladmissions									

Disclaimer:

Information may be disclosed to local authorities, health authorities, schools, colleges, or other places of education for the purpose of ascertaining your child's eligibility for a school placement. We reserve the right to make appropriate enquiries about the validity of information given on this form.