

IN-YEAR APPLICATION FOR A BUCKINGHAMSHIRE SCHOOL PLACE

If your child holds a Education Health and Care Plan (EHC) or Statement of Special Educational Needs please contact SEN@buckscc.gov.uk for further information about moving school.

For more information please visit our website www.buckscc.gov.uk/schooladmission

1. CHILD'S DETAILS			
First Name(s)		Legal surname	
Date of Birth	__ / __ / __	Male / Female	Year Group:

Normal Home Address (The address & postcode at which the child normally lives). Please include address evidence.	
If moving home, please provide the new Home Address (This is the address at which the child <u>will</u> live). Please include address evidence	Move date __ / __ / __
Name & address of current (or most recent) school/nursery	If the child has left this school/nursery, please give last date of attendance: __ / __ / __
Telephone number of school	

2. YOUR DETAILS	
Name(s) of parents/carers living at home address above (or with parental responsibility & living at an alternate address)	
Relationship to child	
Email address (we will use this to acknowledge receipt of your application)	
Home/Daytime telephone number	
Alternative telephone number (e.g. mobile)	



INVESTOR IN PEOPLE



Please be aware of the Home to School Transport Policy when expressing preferences

3. YOUR SCHOOL PREFERENCES	
First preference school (name and postcode)	
Second preference school (name and postcode)	
Third preference school (name and postcode)	
Date admission required	
If transferring school within Buckinghamshire please tell us why you want to move school.	

4. SUPPORTING INFORMATION	
Does your child have any brothers or sisters attending your preferred or linked school(s)?	YES/NO If 'Yes' please give details of sibling's name, date of birth and school attending
Is your child a 'Looked After Child'? <i>(For admission purposes, a "looked after child" is a child in care who is looked after by the LA, this includes a child who is accommodated, under a Care Order or Interim Care Order; OR a child who was previously looked after and immediately after being looked after became the subject of an adoption, residence or special guardianship order).</i>	YES/NO If 'Yes' please tell us which local authority supports the child and give a social worker contact name and telephone number. Social Worker contact name: Telephone number: Local Authority:
Are you or your partner a serving member of the Armed Forces or a Crown Servant?	YES/NO If you are being posted to Buckinghamshire, please provide a copy of your posting order.
Does your child have exceptional medical or social reasons why he/she should attend a particular school?	YES/NO If 'Yes' please attach details, you will need to include written support from an appropriate professional person.

Exceptional Reasons: These will only be considered if evidence is provided. If you think your child has a disability as defined in the Equality Act 2010 and you have decided on your preferences with this in mind, and please give us more details. Add a separate sheet if necessary.

Is your child undergoing assessment for an Education Health and Care Plan (EHC)?	YES/ NO (delete as appropriate) If the answer above is 'Yes' please indicate here which local authority is involved.

An EHC Plan is a document written by the local authority detailing the needs that a child has in learning at school, and the measures which the school will take to help them.

<p>Your child may not currently have a statement of Special Educational Needs or EHC Plan but they may receive extra support in school for special needs. If so please give a brief summary of their needs and the support they have been receiving</p>	
<p>Is your child currently or ever has been supported by other agencies? Please tick the relevant boxes as appropriate, and provide any supporting professional evidence.</p>	<p>Social Services <input type="checkbox"/></p> <p>Education Welfare Officers for attendance issues <input type="checkbox"/></p> <p>Educational Psychology service <input type="checkbox"/></p> <p>Paediatrician <input type="checkbox"/></p> <p>Child and Adult Mental Health Service <input type="checkbox"/></p> <p>Addaction <input type="checkbox"/></p> <p>Youth Offending Team <input type="checkbox"/></p> <p>Other <input type="checkbox"/> please specify</p>
<p>Please provide the contact details for any professionals so we can ensure that your child can be supported through their change of schooling by appropriate professionals</p>	

<p>Have you withdrawn your child from a school? YES/NO If 'yes' please tell us why:</p> <p>Elect to home educate <input type="checkbox"/></p> <p>House move <input type="checkbox"/></p> <p>School suggested move <input type="checkbox"/></p> <p>You are requesting a transfer <input type="checkbox"/></p> <p>Other <input type="checkbox"/> Please specify.....</p>

<p>Has your child been permanently or temporarily excluded from any of his/her current or previous schools? If yes please attach the exclusion history</p>	<p>YES/NO</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------

Please confirm which school(s) and give date(s) and reason(s) Please note that we will contact your child's current or previous school in order to process this application.

School(s)

Date(s).....

Reason(s) for exclusion.....

5. CURRENT SCHOOL INFORMATION AND HEADTEACHER COMMENTS

Name of Headteacher or Deputy Headteacher of current school (Applications will not be accepted without agreement from one of the school staff listed)	Child UPN	I certify that I have seen the completed form and verify its content Signature
Please provide attendance percentage	%	
Is this child currently receive Free School meals or are they classed as 'Ever 6'		
Headteacher/Deputy Headteacher comments – please include anything that you think may help make this move successful for the child		

6. PARENTAL DECLARATION

I certify that I have parental responsibility for the child named in Section 1, and that this application has the agreement of all parents/carers listed in section 2. I wish to make an application to the schools listed in Section 3, which I have ranked in my order of preference.

I confirm that the information I have provided is to the best of my knowledge correct and up to date. I understand if I give any false or deliberately misleading information on this form and/or supporting papers or withhold any relevant information, this may lead to the withdrawal of an offer of a school place for my child.

I hereby authorise the Council and/or any schools listed above to contact my child's current or previous school.

IMPORTANT NOTE: All sections of this form must be completed and all evidence attached as appropriate. Incomplete applications will be returned to the applicant and this will delay the processing of your application.

Signature of parent/carer: _____/_____/____	Date:
-----------------------------------------------------------	--------------

Information supplied will be used for registration purposes under the Data Protection Act 1998. Once completed you should return this form to: Admissions & Transport Team, 3rd Floor, County Hall, Aylesbury, Buckinghamshire. HP20 1UZ
www.buckscc.gov.uk/contactadmissions