

In Year School Application

Please complete a separate form for every child that requires a place

Part 1 to be completed by applicant

Part 2 to be completed by child's current school if the school is in the UK (the whole application must be kept together when passed on to the school).

PLEASE COMPLETE THIS FORM USING BLOCK CAPITALS

REASON FOR YOUR APPLICATIONS:

- | | |
|--|--------------------------|
| 1. Moving into the Peterborough Council area | <input type="checkbox"/> |
| 2. Living in the Peterborough Council area moving to another address | <input type="checkbox"/> |
| 3. Not moving address but wishing to change schools within the area | <input type="checkbox"/> |

PART 1 Date you would like the school place from:

Section 1 – Your Child's details

Family Name:
Child's First Name (s):
Middle name (s):

Date of Birth: Year Group: Male Female
DD/MM/YYYY

Address where child usually lives

Postcode

If your child lives part time at another address, please provide details here :

Address:

Postcode

How is your child's time divided between the two addresses?

Details of Your Child's Current School

Name of School

Address

Head Teacher

Form Teacher

Year Group

Telephone Number

Is your child currently attending this school? Yes No

If **NO**, - What was the last date your child attended this school?

Please explain how your child is currently being educated

Has your child been the subject of a permanent exclusion	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have any of the following:	
• A Statement of Special Educational Needs	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Support in school as part of an Individual Education Plan (IEP) or a Pastoral Support Programme (PSP)	Yes <input type="checkbox"/> No <input type="checkbox"/>
• A particular medical requirement which results in the need for specialist facilities or support	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you receive support from the Parent Partnership Service?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your child previously attended a Special School?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this child Looked After i.e. in public care/fostered by you, Previously Looked After , now adopted, subject to a Residence order or Special Guardianship Order?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, this application should either be completed by the child's social worker or you must provide relevant documentation evidencing this.	
Are you privately fostering this child?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Private fostering is when a child under the age of 16 (or 18 if the child has a disability) lives with someone who is not a close relative (ie. not their grandparents, aunt, uncle, brother, sister, cousin or step-parents) for 28 days or more unless that person has parental responsibility for them or is a local authority or agency foster care. A private fostering arrangement, whether it is already in place or will be in the future, must by law be reported to the Peterborough City Council. To notify the Council of a private fostering arrangement please call 01733 864170.	
Section 2. – Your Details	
Relationship to child:	
Address (if different from child's address in section 1)	
Title: Mr/Mrs/Miss/Ms/Dr	Initials: Surname:
Contact Tel. No:	Mobile Number:
Email address:	
Other Adults with Parental Responsibility for the child	
Title: Mr/Mrs/Miss/Ms/Dr	Initials: Surname:
Relationship to child:	
Email address:	
Contact Tel. No:	Mobile Number:
Address (if different from child's address in Section 1)	

Section 3. – Brothers or Sisters

If you have any other children living at the same address as the child in Section 1, please complete this section.

Name	Date of Birth	School

Section 4. – House Moves

If you are moving into or within the Peterborough Council area, please state the address to which you have moved to and the date moved in.

Address:

Date moved in:

Please note: We cannot allocate a school place if you are not currently a resident within Peterborough City Council.

Section 5. APPLICATIONS FROM OUTSIDE THE UK / OR FOR CHILDREN WHO ARE ACCESSING EDUCATION IN THE UK FOR THE FIRST TIME

Nationality

Reason for being in the UK

Date of arrived in the UK

Length of stay in the UK

We recommend you visit the following websites to confirm you are aware of the Home Office regulations and laws on state education. <https://www.gov.uk/study-visit-visa> and <https://www.gov.uk/standard-visitor-visa>

Section 6. – Your preferences for a School

If you want to apply for a place in a particular school, but you know the school is full, make sure you name it on this form. This will ensure your details are added to any reserve list and you are informed of your right of appeal.

If all the preferences you have requested are full, please confirm if you wish for the Admissions Team to make an offer to an alternative school.

We strongly advise you to name your catchment area school as one of your preferences. If you choose a school other than the catchment area school or nearest school to your home address you will be responsible for the arrangements and cost of transport.

I wish my child to attend one of the following schools, in order of preference:

1st Preference

2nd Preference

3rd Preference

Please explain briefly the reasons for your preferences of school:

Section 7. – I have NOT moved but would like my child to attend a different school

You **must** fill in this section if you have not moved, but would like your child to attend a different school.

Why do you want your child to move school? Please give as much further information as you can to support your request, using a separate sheet if necessary.

Have you discussed the reasons for wanting to move your child to a different school with their current school? Yes No

Who have you talked to at your child's present school?

Head Year Head None
Deputy Tutor/Class Teacher

SCHOOL INFORMATION – this is required to establish whether the child’s application should be considered in accordance with our Fair Access Protocol and/or to provide the allocated school with early notice of the possible need for a support package for the child.

PART 2 – TO BE COMPLETED BY THE HEADTEACHER OF THE CHILD’S CURRENT SCHOOL OR MOST RECENT SCHOOL IN THE UK

Child’s Name: _____ **Date of Birth:** / /

Is the child still on roll at your school? Yes No
 What date was the child put on roll at your school? / /
 Date leaving (if applicable): / /

ATTENDANCE

Attendance (%)		Period Covered	
Punctuality	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Poor <input type="checkbox"/>

SPECIAL NEEDS

SEN Support: Yes No Statement / EHCP Plan: Yes No

EXCLUSION

Please give details of any exclusions relating to this child, including dates and reasons

Dates		Length	Reason
	to		
	to		
	to		
	to		
	to		

MANAGED MOVE

Has a ‘managed move’ been arranged for this child in the last 12 months? : Yes No
 If yes, please give details of the situation that led to the offer of a managed move, the date of the offer and applicable why you refused this offer.

ATTAINMENT (NATIONAL CURRICULUM LEVELS)

Key Stage 2	Expected Levels		
	Below	At	Exceeding
Reading			
Writing			
Maths			

Results at Key Stage 3		
Maths	English	Science

Key Stage 4
 Subject Exam Board Course Code Date course began Where was the course studied?

Any other comment you wish to make about the child’s progress:

OTHER INFORMATION

Have you had any cause to liaise with any other professionals/education specialists regarding this child?

Yes No If yes, please indicate the services involved and the reasons.

Has a CAF been carried out or is one being considered? Yes No If yes, please state the reasons for requesting a CAF:

Are there any possible grounds for considering that this child should be transferred using the Fair Access Protocol? Yes No If yes, please give details:

What strategies have been put in place to support the pupil in your school?

DISCUSSION WITH SCHOOL

Has the transfer been discussed with the school? Yes No

Do you support the transfer application? Yes No

In considering the application for a school place, do you have any comments to make to enable us to make a decision relating the placement/level of support required?

Name:

Position within the school:

Name of the school:

Telephone number:

Email address:

Signature:

Date:

Section 8 – Declaration

I understand that:

- Should my child be allocated a place at my preferred school, I will be responsible for transport to and from the school, unless the school is the catchment or designated school for my child’s home address and is beyond the statutory walking distance.

- I declare that the information contained in this form is both accurate and up-to-date.

- The information on this form will be held and used by Peterborough City Council in accordance with the provisions of the Data Protection Act for the purposes of administration of school admissions. Peterborough City Council will never sell or transfer your details to a third party for marketing purposes. I have a right to know what information is held about me. **Data Protection:** We collect your details to process your application for School Admissions and may contact you about related school admission and transport issues.
 In addition we can be required to share information with our partners, for example health organisations, to improve the wellbeing of children in the Peterborough City Council area as required by the Children Act 2004. Information shared between partner organisations is proportionate and only given when it is necessary to help those partner organisation services with their legal obligations.
 We are required to provide statistical data to the Department for Education. We also use statistical data for our own internal research, statistical analysis or statistical surveys to help manage our service provision, and also share data with academic institutions or independent researchers with a legitimate need for information for their research.
 All School Admission data is stored securely and maintained in accordance with the Data Protection Act. Peterborough City Council online systems that are publicly available for entry of personal application data are regularly independently tested to assess risk of penetration and to guard against unauthorised entry for access to personal or any other data. This includes ensuring that the username and password access meets industry standards

Further information about how we collect and use data, and your rights around this, can be found on our Privacy page on our website: www.peterborough.gov.uk/privacy/. If you require further assistance, please contact the Information Governance Team on 01733 452533 or email foi@peterborough.gov.uk.

- If I am applying for a school in another Local Authority Area this form will be sent to that Local Authority Admissions Team for processing.

- If I am applying for a school(s) that is/are their own admission authority, i.e. an Academy, Foundation or Voluntary-Aided School, this form may be sent to them.

- I can confirm that I have provided my child’s current school with a copy of this application, to enable them to complete and return **Part 2** (this is not required if you are moving into the Peterborough City Council area from overseas).

- All adults with parental responsibility for the child are in agreement with this application, and understand that if a dispute is later raised, this application maybe cancelled.

- I hereby give permission for the information on this form to be shared with the Parent Partnership Service, and other relevant officers, where appropriate.

I confirm that I have:

	✓
Signed the form	
Named my child’s current school & Part 2 is completed by the current school	
Named my preferred school(s)	
I am applying under religious criteria and have completed a Supplementary Information Form (SIF) and returned it to the school	

Signed: _____ Date: _____

Signed: _____ Date: _____

