

IN-YEAR SCHOOL ADMISSION FORM

All shaded sections must be completed. Unshaded sections should be completed where applicable. Please complete in BLACK INK and use CAPITAL LETTERS. Your form should be returned by post to The School Admissions Team, Learning and Communities, Plymouth City Council, Windsor House, Tavistock Road, Plymouth PL6 5UF Tel: 01752 307170/307467 or email to inyear.admissions@plymouth.gov.uk. Please read the Parent's Guide available on our website at www.plymouth.gov.uk/inyearadmissions. It is strongly recommended that you visit any school that you wish to apply for.

SECTION 1 – APPLICATION INFORMATION

Date from which admission is required	Day.....Month.....Year.....
Reason for your application (please tick the box that applies)	<input type="checkbox"/> Moving to Plymouth from another area of the United Kingdom <input type="checkbox"/> Moving to Plymouth from abroad <input type="checkbox"/> Moving to another area of Plymouth <input type="checkbox"/> Wanting to transfer schools but not moving

SECTION 2 – CHILD'S DETAILS

Child's full name	Legal surname: First name: Middle name(s): Preferred surname if different from above:
Please tick	<input type="checkbox"/> Male <input type="checkbox"/> Female
Child's date of birth	Day: Month: Year:
This address should be where the child normally lives. If the child lives at more than one address, it will be where s/he lives most of the time. It should also normally be the address of the person who claims Child Benefit for the child.	Current address of child : Is the child currently in the UK? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, do they hold a passport from the EEA (including Switzerland and the UK)? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 3 – YOUR DETAILS

<p>Details of person with Legal Parental Responsibility for this child who is completing this form</p>	<p>Full name:</p> <p>Relationship to child:</p> <p>Home telephone number:</p> <p>Mobile:</p> <p>Email:</p> <p>Current address:</p> <p>How would you like to learn about the school allocated to your child? Please tick:</p> <p><input type="checkbox"/> Email <input type="checkbox"/> Letter</p>
<p>Help completing application form</p>	<p>Are you getting help to complete this form? If yes, please tell us:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name of organisation:</p> <p>Name and contact details of assistant:</p>
<p>Previous address (if you have moved)</p>	<p>House number: House name:</p> <p>Street:</p> <p>Town:</p> <p>County: Post code:</p>
<p>Proposed new address (if you are moving)</p> <p>Evidence of move may be needed</p> <p>Please tell us if there are any changes to these plans as this may affect the allocation of a school place</p>	<p>House number: House name:</p> <p>Street:</p> <p>Town:</p> <p>County: Post code:</p> <p>New home telephone number:</p> <p>Anticipated date of move:</p>

SECTION 4 – CURRENT OR LAST SCHOOL

<p>Child's current or last school</p> <p>Please note we contact current or previous schools to make them aware of your transfer request and to ask for more information if needed</p> <p>Reason for leaving if not as a result of a move and any other relevant information</p> <p>Continue on extra sheet of paper if needed</p>	<p>Does your child currently attend a school? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of last attendance, if not still attending:</p> <p>Name of school:</p> <p>Address:</p> <p>School telephone number: Year group:</p> <p>Has your child been permanently excluded? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the school aware of your request to transfer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Tell us the reason for your child leaving his/her current school:</p>
<p>Details of any school(s) attended prior to the school shown above</p> <p>Please note we contact current or previous schools to make them aware of your transfer request and to ask for more information if needed</p> <p>Continue on additional sheet of paper if needed</p>	<p>Name of school:</p> <p>Telephone:</p> <p>Attended from: To:</p> <p>Address:</p> <p>Name of school:</p> <p>Telephone:</p> <p>Attended from: To:</p> <p>Address:</p> <p>Name of school:</p> <p>Telephone:</p> <p>Attended from: To:</p> <p>Address:</p>

SECTION 5 – SCHOOL PREFERENCES

You must state a preference for at least one school. You may list up to three school preferences. Please rank them, with the school you prefer most as first choice. If applying for a faith school or Devonport High School for Boys, you may need to complete a supplementary information form available from the school direct. Please see the Parent’s Guide booklet.

First preferred school	School name:
Reason for preference	
Second preferred school	School name:
Reason for preference	
Third preferred school	School name:
Reason for preference	

SECTION 6 – FAIR ACCESS

Once received, your application form will be reviewed in line with Plymouth City Council’s Fair Access Protocol and we may need more information to fully understand your child’s circumstances.

Please tick any of the following statements that apply to this application:

<input type="checkbox"/> Application is for admission to Year 11 of a mainstream school (A)	<input type="checkbox"/> Child returning from the criminal justice system (A)
<input type="checkbox"/> Traveller child (A)	<input type="checkbox"/> Child of refugees or asylum seekers (A)
<input type="checkbox"/> Homeless child (A)	<input type="checkbox"/> Child who is a carer (A)
<input type="checkbox"/> Child with special educational needs (but without a statement or EHCP*) (A)	<input type="checkbox"/> Child with English as an additional language (A) Please specify _____
<input type="checkbox"/> Children of UK Service personnel (A)	<input type="checkbox"/> Child with a disability / medical condition (A)
<input type="checkbox"/> Child has been out of education for 2 school months or more (A)	<input type="checkbox"/> Child unable to find a place following a move to the area because of a shortage of places (A)
<input type="checkbox"/> Child withdrawn from school after fixed term exclusions and unable to find another place (A)	<input type="checkbox"/> Child without a school place and with a history of serious attendance problems (85 percent or less) (A)
<input type="checkbox"/> Child currently attending a Pupil Referral Unit (R)	<input type="checkbox"/> Child with unsupportive family backgrounds, where a place has not been sought (R)
<input type="checkbox"/> Child with a conviction or caution for criminal behaviour in the previous 2 years (R)	<input type="checkbox"/> Child permanently excluded or with a managed transfer within the last 2 years (R)
<input type="checkbox"/> Child who has attended 2 or more primary schools - no change of address (R)	<input type="checkbox"/> Child who has attended 2 or more secondary schools - no change of address (R)
<input type="checkbox"/> Child with 3 or more fixed term exclusions or a total of 15 days within 1 academic year (R)	<input type="checkbox"/> None apply

SECTION 7 – ADDITIONAL INFORMATION

A) Does your child have a statement of Special Educational Need/EHCP*? Yes No

B) Does your child have any serious medical, physical or psychological needs? **Evidence needed.** Yes No

C) Is the child in the care of a local authority either now or immediately prior to adoption e.g. fostered? Yes No

Supporting evidence needed.

Name of local authority:

D) Do you have legal parental responsibility for the child named in this application? Yes No

If there are any court orders relating the Legal Parental Responsibility for this child please provide a copy.

E) Have you informed everyone with Legal Parental Responsibility for this child that this application is being made? Yes No

F) Does the child named in this application normally live with you? Yes No

G) Does the child have sibling(s) living at the same address? Yes No

Name of child	Date of birth	Name of school currently attending

H) FOR YEAR 9 to 11 PUPILS ONLY: Please give details of GCSE or other qualifications being studied:

Subject	Exam Board	Course Code

Please note that if you are considering moving your child in these year groups, there may be considerable difficulty matching the curriculum and difficulties with space in specific teaching groups in subjects that limit the number of pupils that can be safely accommodated e.g. science and technology, or where courses are full with applicants already at the school.

SECTION 8 – DECLARATION

Privacy notice:

All information provided for your application may be processed and kept by schools and by Plymouth City Council and exchanged with schools, other people with parental responsibility for the child, other councils and relevant government departments for dealing with school applications and related matters (for example, admission appeals). It may be used for dealing with matters connected with or ancillary to the child's education and to update any other records held relating to the child and may be exchanged within the Council for the purpose of prevention and detection of fraud.

Anonymous statistical information may also be passed to other organisations to help in planning and monitoring services.

Information Lead officers act as the Data Controller for the Council and can be contacted about the use of your personal information. Tel: 01752 306800 Email: info@plymouth.gov.uk

If your application is completed on behalf of someone else or personal details or contact data about a third party are provided, then it is your responsibility to make sure that you have informed the other person of what you have told the Council (not applicable for complaints or investigations).

Declaration: The information I have given in respect of this application is correct to the best of my knowledge and belief. I understand that if I have provided false information or a false accommodation address, any allocated school place may be withdrawn.

The law requires that everyone with parental responsibility for a child can contribute to decisions about the education of the child. The Council assumes that in signing this form you are saying that everyone who is entitled to participate in the decision agrees this application should be lodged.

- I have read the Parent's Guide
- I understand that it is recommended that I visit the school(s) I have applied for

Person with Legal Parental Responsibility for this child to sign here

Signature

Print full name (including title) here.....

Date of signing.....

Relationship to child.....