

# In-Year Transfer Application Form

## For Voluntary Aided, Academies and Free Schools

This form should be returned directly to the school , along with any **Supplementary Information Form (SIF)** required by the school. Please ensure you read the Guide to In-Year Admissions available on our website [www.rbwm.gov.uk](http://www.rbwm.gov.uk) before completing this application form.

### USE THIS FORM ONLY IF YOU WISH TO APPLY FOR ONE OF THE SCHOOLS LISTED BELOW

Altwood CE Secondary	Dedworth Middle	St. Edward's RF Middle
Bisham CE Primary	Desborough College	St. Francis Catholic Primary
Braywick Court Free School	Eton Porny CE First School	St. Luke's CE Primary
Burchetts Green CE Infant	Furze Platt Senior School	St. Mary's Catholic Primary
Charters School	Holy Trinity CE Primary (Sunningdale)	St. Michael's CE Primary
Cheapside CE Primary	Holyport CE Primary	St. Peter's CE Middle
Churchmead CE Secondary	Holyport College (Day & Boarding)	The Royal School
Clewer Green CE First School	Knowl Hill CE Primary	Trevelyan Middle School
Cookham Dean CE Primary	Lowbrook Academy	Trinity St. Stephen CE First School
Cox Green Secondary School	Newlands Girls' School	White Waltham CE Academy
Datchet St. Mary's CE Primary	St. Edmund Campion Primary	Windsor Boys' School
Dedworth Green First	St. Edward's First School	Windsor Girls' School

Please fill in this form using black or blue ink and CAPITAL LETTERS

### WHICH SCHOOL ARE YOU APPLYING FOR? (NAME ONE SCHOOL ONLY)

<b>School Name</b>	
--------------------	--

### YOUR CHILD'S DETAILS (AS STATED ON BIRTH CERTIFICATE)

Forename:	Middle Name:	Surname:
If your child has been known by another name please enter it here:		
Date of birth:	Male	Female
Current/Most Recent School:		
Home Address (This must be your child's current, permanent address):		

**PLEASE RETURN THIS FORM DIRECTLY TO THE SCHOOL YOU ARE APPLYING FOR**

	Postcode:
--	-----------

PARENT/CARER DETAILS		
----------------------	--	--

Title: Mr/Mrs/Ms/Miss	Initials:	Surname:
Relationship to Child:		
Tel (Mobile):	Tel (Home):	Tel (Work):
Email:		
Address if different from above:		

CURRENT HEAD TEACHER'S SIGNATURE	
PLEASE DISCUSS THE TRANSFER WITH YOUR CHILD'S CURRENT HEAD TEACHER AND GET THIS SECTION SIGNED BY THEM. FORMS WILL BE RETURNED IF A SIGNATURE IS NOT PROVIDED	

Print Name:	
Head Teacher's Signature:	Date:

ADDITIONAL DETAILS (TICK THE APPROPRIATE BOX FOR EACH QUESTION)		
---	--	--

Does your child have a statement of Special Educational Needs or an Education, Health and Care Plan? <b>If yes</b> , please contact The Children and Young People Disability Service - 01628 685878	YES	NO
Is your child in the care of the Local Authority? <b>If yes</b> , please attach documentary evidence.	YES	NO
Is your child privately fostered? Cared for by someone other than the parent without the involvement of the local authority	YES	NO
Are you applying for a school place under Social and Medical grounds <b>Not applicable to all schools.</b> See Social/Medical criteria in the Guide to In-Year Admissions.	YES	NO
Has your child been absent from school for a total of more than 4 weeks in the last year?	YES	NO
Has your child ever been given a fixed term exclusion from school?	YES	NO
Has your child ever been permanently excluded from a school?	YES	NO
Have you had contact with an Education Welfare Officer or Social Services?	YES	NO

**PLEASE RETURN THIS FORM DIRECTLY TO THE SCHOOL YOU ARE APPLYING FOR**

**\*If you have ticked 'YES' for any of the above, please provide details (i.e. dates and reasons for exclusions/absences and contact details of EWO's/Social Workers) here:**

*Use and attach a separate sheet if required*

#### TRANSFER DETAILS

When are you looking to transfer your child? (ASAP or DATE)

Are you transferring schools due to a change of address?

**If yes**, please provide details of your new address and your approximate move in date below.

YES

NO

Are you requesting to transfer schools but NOT moving address?

**If yes**, please state your reasons for transferring schools below.

YES

NO

Are you a Service/Crown Servant family due to move into the area?

**If yes**, please provide evidence of posting.

YES

NO

**\*Please note your reasons for transfer, including any previous/new addresses here:**

*Use and attach a separate sheet if required*

**PLEASE RETURN THIS FORM DIRECTLY TO THE SCHOOL YOU ARE APPLYING FOR**

### SIBLING INFORMATION

Does your child have a sibling currently attending the school you are applying for?

Brother or sister – this includes half, adopted, or foster sibling

YES

NO

If you have ticked yes, please provide details below:

	NAME	DATE OF BIRTH	SCHOOL ATTENDING
Sibling 1:			
Sibling 2:			
Sibling 3:			

### DECLARATION

I confirm that I have read the information in the 'Guide to In-Year Admissions' available online at [www.rbwm.gov.uk](http://www.rbwm.gov.uk). I am the parent/carer of this child and I have the agreement of all people with parental responsibility to make this application, or there is a court order allowing this application. I declare that the information I have given on this form is correct and complete, and understand that any school place offer obtained through fraudulent or intentionally misleading information may be withdrawn.

I enclose: a) supporting evidence if applying for a looked after child

b) supporting evidence if applying under social / medical grounds

c) If I am moving house, confirmation that my house purchase is legally binding or a formal lease agreement and evidence that I have completed the sale of, or ceased rental at my previous property. I have also enclosed a copy of a utility bill or current council tax statement to prove that I am living in my new property

d) If we are new to the UK, evidence that we are entitled to remain in the UK **\*Please send COPIES of any documentation requested as we will not return them.**

**Data Protection Act 1998** – The personal information collected on this form will be used by RBWM for the administration of school admissions. This information will only be shared with schools and other local authorities for the purposes of applying their admissions policy. The Council may also use this data in connection with the prevention or detection of other fraud or crime.

### SIGNATURE

Your Full Name:

Your Signature:

Date:

**PLEASE SEND YOUR COMPLETED FORM DIRECTLY TO THE SCHOOL TO WHICH YOU ARE APPLYING**

We would recommend that you keep a copy of this application form for your own reference. If you require any assistance when completing your form, please contact your preferred school for advice or for general information contact the RBWM Contact Centre on 01628 683870.

If you are having difficulty in finding a school place for your child at a Voluntary Aided, Academy or Free School, please contact School Admissions at The Town Hall in Maidenhead on 01628 683870 OR [rbwm.admissions@achievingforchildren.org.uk](mailto:rbwm.admissions@achievingforchildren.org.uk) for advice.

**PLEASE RETURN THIS FORM DIRECTLY TO THE SCHOOL YOU ARE APPLYING FOR**