**In-Year Admission Form – Secondary**

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| It is important that you provide as much information as possible to assist in the transfer process. Please note that your child is not guaranteed a place at any school (this includes your nearest schools).This form MUST be completed by the person who has parental responsibility for the child. If there is a residential order or special guardianship in place evidence of this MUST be provided with the form.Sections A and B must be **FULLY** completed by the parent/carer. **Section C is to be completed by your child’s current school.** Once the form has been completed, the form must be forwarded to Governance Manager, North East Learning Trust, Traynor House, Traynor Way, Peterlee, County Durham, SR8 2RU by post or by email to schooladmissions@nelt.co.uk. **Transfer forms that are not fully completed will be returned to the parent/carer or current school.**  |
| **Section A – to be completed by the parent/carer (or the person who holds legal parental responsibility)** |
| **Name of Academy (you would like your child to attend)**  |  |
| **Year Group (7,8,9,10,11)** |  |
| **Date place is required:** |  |
| **Reason for transfer:** |  |
| **Name of student:** |  |
| **Date of birth:** |  |
| **Current Address:** |  |
| **Postcode** |  |
| **Telephone number** | **Home: Mobile:** |
| **E-mail address** |  |
| **Current/previous school** |  |
| **Local Authority**  |  |
| **Previous secondary schools attended:** | **1** |  |
| **2** |  |
| **3** |  |
| **Does the child have an Education, Health and Care Plan or a statement of special educational needs?** | **Yes** |  | **No** |  |
| **Do you have parental responsibility for the child?** | **Yes** |  | **No** |  |
| **If the child is ‘looked after’ please confirm the local authority** |  |
| **If the answer to the above question is yes, please confirm the name of the social worker (where applicable)** |  |
| **Is the child previously ‘looked after’ but now adopted?** | **Yes** |  | **No** |  |
| **Is the child subject to a residential order or special guardianship – please provide a copy.** | **Yes**  |  | **No** |  |
| **Does your child live with someone other than yourself or another family member?** | **Yes** |  | **No** |  |
| **If so, please state the name of the person and their relationship to the child:** |  |
| **How long has this arrangement been in place?** |  |
| **Has your child been permanently excluded from any school?** | **Yes** |  | **No** |  |
| **If yes, which school:** |  |
| **Reason for exclusion:** |  |
| **Please include details of why your child wishes to move school** |
| **Please confirm the names and date of birth of any siblings attending your preferred school?** |
| **Name** | **Date of Birth** | **Year group** |
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| **Signed** |  |
| **Print Name** |  |
| **Relationship to student** |  |
| **Date** |  |
| **Section B – to be completed if your child has recently arrived from overseas****Please note that if your child’s current or previous school is outside the UK, we will need to see proof of your child’s boarding pass, travel ticket, endorsed passport or entry visa.****We will also need to see proof of your child’s date of birth, such as their passport, identity card or birth certificate.** |
| **Date of arrival in area** |  |
| **Is your child a refugee or asylum seeker?** | **Yes** |  | **No** |  |
| **Do you speak English fluently?** | **Yes** |  | **No** |  |
| **If you are not fluent in English, what is your preferred language?** |  |
| **Does your child speak English fluently?** | **Yes** |  | **No** |  |
| **If no, what is your child’s first language or additional language spoken?** |  |
| **Section C – to be completed by current school*****BEFORE SUBMITTING YOUR APPLICATION FORM, YOU MUST ASK YOUR CURRENT SCHOOL TO COMPLETE SECTION C (there may be a delay in processing your transfer if the form is not fully completed)*** |
| **Please tick below where appropriate and for ticked sections, please provide relevant reports.** |
| **EHCP** | **SEN Plan** | **EAL** | **LAC** | **EWS involvement** | **Social worker** | **Behaviour support** | **Educational psychologist** |
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| **Attendance *–* please provided attendance percentage for:**  |
| **Last school year** |  **%** | **Current school year** |  **%** |
| **Sibling details** *(currently attending your school)* |
| **Name** | **Year group** | **Comments** |
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| **Details of qualifications being taken, or key stage level achieved:** |
| **Courses being taken** | **Qualification type (e.g. GCSE, KS level** | **Exam board (e.g. AQA/Edexcel) (Key Stage 4 and 5 only)** |
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| **Details of any internal exclusions during the past year:** |
| **Date** | **Reason** | **Duration (days)** |
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| **Details of any fixed term exclusions during the past year:** |
| **Date** | **Reason** | **Duration (days)** |
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| **Is this student at risk of permanent exclusion?**  | **Yes** |  | **No** |  |
| **Are there any issues that may cause concern in our Academies?**  | **Yes** |  | **No** |  |
| **Please include any information or comments you believe that the receiving school need to be aware of including relationships with staff and peers, SEND, general comments about behaviour and attitude, at risk of CSE and views on the transfer:** |
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| **This form must be signed by the Head of School (or nominated representative in their absence). Forms that are not fully completed and signed by the Headteacher/Head of School will be returned to the school.** |
| **Signed by Head of School**  |  |
| **Print Name** |  |
| **Date** |  |